

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 12875

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St John's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>314 Sergeant Avenue</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Roland</u> c. (Last) <u>SHARP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 26, 1886</u>
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>11</u>	11. DAYS <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pres. of Stewart Lumber Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>
12. COUNTRY OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Francis Marion Sharp</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Bland</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Sharp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Sharp 314 Sat. Ave. Joplin</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>2/27/49</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H261</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>can't say</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>4-12-49</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>3-27</u> , 19 <u>49</u> , to <u>4-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-12</u> , 19 <u>49</u> , and that death occurred at <u>11:15 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>321 Frisco Bldg. Joplin Mo</u>	
23c. DATE SIGNED <u>4/14/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Joplin, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-16-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 22 1950

MAR 25 1949

MAY 23 1948

MAR 23 1950

SEP 6 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

William E. Huddleston

Student Embalmer No. 324

working under my personal supervision.

Signed

William E. Huddleston

Student Embalmer

Signed

Beila Stankell

Licensed Embalmer No. 3590

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jasper } ss.

State File No. 12875
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20th day of April, 1949, before me appears _____

Florence Sharp, who, upon her oath, states that the original record of ^{birth} death
for John Roland Sharp died April 12, 1949, in the State of
Missouri, and which was filed at Joplin, Missouri on April 13, 1949, should be corrected as follows:

Item No. 7 should read April 26, 1887

Instead of April 26, 1886

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Florence Sharp wife
Relationship.

314 Sergeant Ave, Joplin, Mo.
Present Address

Subscribed and sworn to before me this 20th day of April, 1949.

My Commission Expires December 12, 1951 Bess E. Hedrick Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

