

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24662  
3389

State File No. ....

ISSUED AUG 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>58 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3733 Baltimore</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3733 Baltimore</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>3733 Baltimore</u>	

3. NAME OF DECEASED (Type or Print) <u>GEORGE SHARP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/26/52</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>
8. DATE OF BIRTH <u>12/21/1890</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tile Setter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wakefield Mantle &amp;</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tile Platte City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>James Sharp</u>	13b. MOTHER'S MAIDEN NAME <u>Mary M. Ferguson Sharp</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Silvey Holmes Sharp (Dec)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW 1</u>	16. SOCIAL SECURITY NO. <u>487-01-8914</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Kershaw,</u>	ADDRESS <u>25 E 33rd K C Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Natural</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) m.	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H Owens 3</u> (Degree or title)	23b. ADDRESS <u>1039 Pinalto Bldg</u>	23c. DATE SIGNED <u>7-28-52</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>79/29/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-28-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holme</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil,</u>	ADDRESS <u>K. C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John P. Shul

Licensed Embalmer No. 2625

P. O. Address 150 N. 1

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.