

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 5 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37135
State File No. 809
Registrar's No.

Registration District No. Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: *Number 1*
(d) Length of stay: In hospital or institution
In this community Unknown.
years, months or days

3. (a) PRINT FULL NAME Morris Sharp, Jr.
(b) If veteran, name war 1st World War
(c) Social Security No. None

4. Sex Male 2
5. Color or race Colored
(b) Name of husband or wife Alpha Sharp
7. Birth date of deceased October 23 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 19
If less than one day hr. min.

9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Morris Sharp Sr.
13. Birthplace Unknown Missouri
14. Maiden name Mary Owens
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Sharp Sr.
(b) Address 803 N. Weaver

17. (a) Burial (b) Date thereof Nov. 13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director W. P. Campbell
(b) Address 867 Washington Ave.

19. (a) 11-13-42 (b) Dr. W. S. Handley
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) State of residence: *Number 1*
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 10
year 1942 hour 5 minute a.m.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Duration
Due to Suffocation + burning 181-1
Due to Burning of house 101-1
Due to Unheated stove 101-1

Other conditions.
(Include pregnancy within 3 months of death) entirely
Houses destroyed

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 133
(b) Date of occurrence Nov 10, 1942
(c) Where did injury occur? Springfield Greene Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place)
(e) Means of injury Fire

23. Signature *Handley* (M. D. or other)
Address Springfield, Mo. Date signed 11-13-42

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1942

APR 16 1948

DEC 7 - 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ *packed in hardening compound* by me, or by

W.P. Campbell

Registered Apprentice No.

working under my personal supervision.

Signed

W.P. Campbell

Licensed Embalmer No.

1747

P. O. Address

Springfield Ma

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.

X