

FILED NOV 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. 33031

Registration District No. 69

Primary Registration District No. 5272

Registrar's No. 5

1. PLACE OF DEATH:

(a) County CHRISTIAN - GREENE
(b) City or town RURAL POIK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BILLINGS RFD. # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WALDRON HENRY SHARP

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PEARL SHARP 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased JANUARY 13 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 5 If less than one day hr. min.

9. Birthplace FAYETTE COUNTY, OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business JOHN LEWIS SHARP

12. Name JOHN LEWIS SHARP
13. Birthplace GREENE CO. OHIO
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA ALLISON
15. Birthplace FAYETTE CO. OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. PEARL SHARP
(b) Address BILLINGS, MO., ROUTE # 2

17. (a) BURIAL (b) Date thereof OCT. 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. COMFORT CEMETERY

18. (a) Signature of funeral director Fred C. Thier
(b) Address Springfield, Mo.

19. (a) OCT. 20 1946 (b) Thos. Allison Deier
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHRISTIAN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. BILLINGS RFD. # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 18 1874.
year 1946 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from MAY 20 1944 to OCT 18 1946
that I last saw him alive on OCT 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Occlusion 4 hrs
Due to arterio-sclerotic hypertension 6 yrs
heart disease
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Charles A. Sears (M. D. or other) MR
Address Billings, Mo Date signed 10-25-46

(Licensed Embalmer's Statement on Reverse Side)

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

31833

60

RECEIVED
District Health Officer No. 6,
District File Number 1146-1112
Date Filed NOV 6 1946

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ralph H. Thorne

Licensed Embalmer No.....

3681

P. O. Address.....

Springfield, 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.