

REC'D FEB 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2796
Do not use this space.

1. PLACE OF DEATH
 (a) County Walden Registration District No. 449
 (b) Township _____ Primary Registration District No. 4267
 (c) City Lebanon (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Anderson Sharp
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marine Odell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retail Grocer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walden Co Mo

FATHER 13. NAME Henry Sharp
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Maurice Sharp
Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 1/11/39

19. FUNERAL DIRECTOR (ADDRESS) W. E. Holman
Lebanon Mo

20. FILED 1-9-39 J. A. McCamb
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/8/39 1939

22. HEREBY CERTIFY, That I attended deceased from Dec 28, 1938, to Jan 8, 1939.
 I last saw him alive on 1-5, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Left Hemiplegia
 Other contributory causes of importance: 82 at

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Paul A. Jenkins, M. D.
 (Address) Lebanon, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7
District File Number 7-39-294
Date Filed 2-10-39

STATEMENT BY LICENSED EMBALMER

I, W. E. Halman, Licensed Embalmer No. 3061

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. E. Halman

Licensed Embalmer No. 3061

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.)