

MAR 9 1939

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

5404  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 1002 Registered No. 603  
 (c) City Kansas City (d) Street No. St. Lukes Hospital St.  
 (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. 1 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Clyde Sharp St.  Branson, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1881

7. AGE YEARS 57 MONTHS 4 DAYS 21 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Resort  
 9. Industry or business in which work was done, as saw mill, bank, etc. Operator  
 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) Clondale Kansas

FATHER 13. NAME Bailey Sharp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Sophria Doughman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Nora Sharp Branson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Knoxville, Ga. DATE Feb. 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomer Branson, Mo.

20. FILED 27 13 39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1938, to Feb. 13, 1939  
 I last saw h. alive on Feb. 12, 1939. Death is said to have occurred on the date stated above, at 6 A.M. Feb 13.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma epiglottis and glands of neck 4/1  
Primary Epiglottis  
 Other contributory causes of importance:  
lung abscess  
Empyema  
neck abscess  
 Name of operation thyroidectomy Date of.....  
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 Embolism  
 (Signed) Embolism, M. D.  
 (Address) 1316 Prof. Bldg. Rcm

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.

Handwritten notes in the top right corner:  
1st 2409  
Jenny Koop  
Handwritten numbers: 4527-338

**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 George M. Collier  
Licensed Embalmer No. 3839

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**