FILED MAR 16 1939

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

6334
Do not use this space.

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.

27

1. PLACE OF DEATH
(a) County Cooper. Registration District No. 219
(b) Township Palestine Primary Registration District No. 5301 Registered No.
(c) City or Pilot Grove (d) Street No. 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 73 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 610 Sarah Ann Sharp.
(a) Residence, No. Pilot Grove, Mo 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 Fem. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-17-1865

7. AGE YEARS 73 MONTHS 11 DAYS X If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Jan 1 - 1939 11. Total time (years) spent in this occupation 55.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

FATHER
13. NAME J. H. Richie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER
15. MAIDEN NAME Rebecca Ann Kirckman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

17. INFORMANT (ADDRESS) Miss Bertha Sharp Pilot Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove Ann DATE Feb-19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hays & Stoecklein Pilot Grove, Mo

20. FILED 2-18- 1939 Ann Whitaker Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 17. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feby 8. 1939, to Feby 8 1939
I last saw her alive on Feby 7 1939 Death is said to have occurred on the date stated above, at 12:15 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | Feby 6. 1939 |
| 11th | |

Other contributory causes of importance: Bronchopneumonia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas Brandy M. D.
(Address) Pilot Grove Mo 198

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 3/3/39
Date Filed

**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. H E Hayo

Licensed Embalmer No. 3074

P. O. Address. Glen Grove,

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**