

REC'D MAY 22 1939

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

15563
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 581
(b) Township _____ Primary Registration District No. 4343 Registered No. 11
(c) City Monroe City (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 72 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

610 Rosa Belle Sharp
(a) Residence, No. 547 W. Cleveland St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniels Sharp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 3 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Magnolia Illinois

FATHER 13. NAME E. W. Meyers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mansfield Ohio

MOTHER 15. MAIDEN NAME Sarah Simpson

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

17. INFORMANT (NAME) (ADDRESS) Mr. J. C. Johnson
Monroe City Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Jude's Semetary DATE April 23 1939
Monroe City Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son
Monroe City, Mo.

20. FILED April 22 1939 W. P. Puffin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 14th 1938 to Apr 21st 1939
I last saw him alive on Apr 10, 1939. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease and Arteriosclerosis of the Coronary Arteries
Date of onset about 1900

Other contributory causes of importance: Urinary Retention and General Edema Apr 15 1939

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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) W. P. Puffin, M. D.
573 (Address) Monroe City 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. 10
District File Number ~~31829~~ 866
Date Filed MAY 5 1939

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 *O. W. Wilson*

Licensed Embalmer No. *1696*

P. O. Address *Monroe City 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, above space should be left blank.