

REC'D AUG 19 1939

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

26578

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 700
(b) Township Jackson Primary Registration District No. 5929
(c) City Waverly (d) Street No. _____ Registered No. 8
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Edwin 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Grain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-15-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 5 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. farmer
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) Columbus Ohio13. NAME Edwin Sharp14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Minta Selby16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Lea E Sharp
Waverly Boone Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Gleason Ridge DATE July-19-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Brotherhood Service
Waverly Boone Mo20. FILED July 29 1939 Waverly Boone Mo
Local Registrar. 627

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-18-193922. I HEREBY CERTIFY That I attended deceased from April-1-1939 to July-18-1939

I last saw him alive on July 8, 1939 Death is said to have occurred on the date stated above, at 12:20 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Sept 1938Other contributory causes of importance: 12/1

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? h

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? ✓

If so, specify _____

(Signed) W. S. Meyer, M. D.(Address) Adrish, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-29-118-5

Date Filed 8-4-29

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 Genea B...

Licensed Embalmer No. 2664

P. O. Address Waverly St. 7

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.