

Registration District No. 177

Primary Registration District No. 2245

Registrar's No. 177 44

1. PLACE OF DEATH: Chariton 2 =  
(a) County Chariton  
(b) City or town Triplet  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME George W Sharp 610  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Emma Sharp 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased April 1 24 - 1958  
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Carroll Co (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Dora Sharp  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_ (City, town, or county) (State or foreign country)  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maeda Sharp  
(b) Address Triplet

17. (a) Funeral Home (b) Date thereof Oct. 22 - 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Donald J. ...  
(b) Address Roswell

19. (a) Oct 22 (b) E. P. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Mo (b) County Chariton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Dupont  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 21  
year 1939 hour 10 minute 07 A.M.

21. I hereby certify that I attended the deceased from OCTOBER 17, 1939, to OCTOBER 21, 1939;  
that I last saw him alive on OCTOBER 21, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>CHRONIC ENDOCARDITIS WITH MITRAL STENOSIS</u>	<u>UNK</u>
Due to <u>RHEUMATIC ENDOCARDITIS</u>	<u>UNK</u>
Due to <u>RHEUMATIC FEVER (ACUTE) 10 YEARS PREVIOUSLY</u>	<u>6 WEEKS (EST.)</u>
Other conditions <u>ARTERIOSCLEROSIS MYOCARDIAL DEGENERATION</u>	PHYSICIAN _____
Major findings: _____	Underline the cause to which death should be charged statistically
Of operations _____	
Of autopsy <u>autopsy</u>	

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Kenneth L. Rosenbaum (M. D. or other) DO  
Address Triplet, Missouri Date signed Oct 21 '39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

FORM 6-17-39  
REV. 6-17-39  
U.S. GOVERNMENT PRINTING OFFICE: 1938

RECEIVED  
District Health Officer No. 8  
District File Number 111039  
Filed 11/10/39

**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 David J. Edwards  
Licensed Embalmer No. 3265  
P. O. Address Basworth M &

**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.**