

DEC 17 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38638

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4402

1. PLACE OF DEATH:

- (a) County Jackson
- (b) City or town Kansas City, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
412 North Lawn, Avenue, Residence, K.C. Mo.
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____ (Specify whether
In this community, 14 years _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Nellie D. Sharp

3. (b) If veteran, name war
- No

3. (c) Social Security No.
- No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Martin Sharp
6. (c) Age of husband or wife if alive No. years
7. Birth date of deceased Nov. 20th, 1858
(Month) (Day) (Year)

8. AGE: Years
- 80
- Months
- 11
- Days
- 26
- If less than one day _____ hr. _____ min.

9. Birthplace
- St. Charles, Illinois
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Housewife

11. Industry or business _____

12. Name Ozias Judd Lent
13. Birthplace No Record.
(City, town, or county) (State or foreign country)
14. Maiden name Eunice Beadle
15. Birthplace Sweden, New York.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Mrs. Gao. F. Royer,

- (b) Address
- 412 North Lawn, Avenue, K.C. Mo.

17. (a)
- Burial
- (b) Date thereof
- Nov. 18, 39
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Parsons, Kansas.

18. (a) Signature of funeral director
- Mrs. C. L. Forster

- (b) Address
- 918 Brooklyn Avenue, K.C. Mo.

19. (a)
- Nov 17 1939
- (b)
- M. M. Brown
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
- (c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
- (d) Street No. 412 North Lawn, Avenue, K.C. Mo.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Nov.
- day
- 16th,
- 1939
-
- year
- 1939
- hour _____ minute
- 5 P.M.

21. I hereby certify that I attended the deceased from
- 1935
-
- _____, 19____, to
- Nov. 16
- , 19
- 39
- ;
-
- that I last saw h.
- GR
- alive on
- Nov. 16
- , 19
- 39
- ;
-
- and that death occurred on the date and hour stated above.

- Immediate cause of death
- CORONARY OCCLUSION
-
- Duration
- 1 HR

- Due to
- 94 B

- Other conditions
- HYPERTENSION
- YRL
-
- (Include pregnancy within 3 months of death)

- Major findings:
- 0
-
- Of operations _____
-
- Of autopsy
- 0
-
- PHYSICIAN _____
-
- Underline the cause to which death should be charged statistically

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? _____

- While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature
- B. C. Luistyaw
- (M. D. or other)
- M. D.
-
- Address
- 6944 Puryear
- Date signed
- Nov. 17 1939

Dr. Quistgard,
Office _____
Phone _____

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 Theron A. Redman

Licensed Embalmer No. 2737

P. O. Address R. C. 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.