

FILED MAY 15 1940

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

13977

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. Jun Hospital Registered No. 1689
(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

John F. SHARKEY
(a) Residence, No. 2 1/2 Kansas Ave. K.C., Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR, OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>DIVORCED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maletda Sharkey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2 1867</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>7</u>	DAYS <u>16</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Jan 1 1934</u>		
11. Total time (years) spent in this occupation <u>all</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark Co. Mo.</u>		
13. NAME <u>William Sharkey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Welia Hawkins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (NAME) (ADDRESS) <u>H. J. Sharkey, Brother</u> <u>Marshall Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marshall Ill.</u> DATE <u>4/24 40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Endicott</u> <u>6900 Wood K.C., Mo.</u>		
20. FILED <u>4-21-</u> 19 <u>40</u> <u>M. M. Browne</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-40, 19

22. I HEREBY CERTIFY That I attended deceased from 1862, 19, to 1940, 19.....

I last saw Opely Corro 19..... Death is said to have occurred on the date stated above, 4:25 PM.

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

Bronchitis & Lung i
Abscess Formation
Syphilitic Aortitis
Tuberculosis & Lung
Osler's 3-4-5-6 Rel. in Pt

Other contributory causes of importance:

1862

Name of operation Ambly Date of 19

What test confirmed diagnosis Ambly Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide to not know Date of injury 19
Where did injury occur to not know (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Acc. Fall, Apr 2, 1940

Nature of injury to not know

24. Was disease or injury in any way related to occupation of deceased?
If so, specify to not know
(Signed) to not know M. D.
(Address) to not know

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, Apr. 18, 194

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed GW Hawthorne,

Licensed Embalmer No. 3845.

P. O. Address 6900 Froad. K.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.