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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14230

Registration District No. 54 Primary Registration District No. 5086 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Appleton City (Hudson Twp) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 610

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates

(c) City or town Appleton City (If outside city or town limits write "RURAL")

(d) Street No. Rural (Hudson Twp) (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Jefferson Josiah Sharp

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 5 (Day) 1861 (Year)

8. AGE: Years 79 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Marshal Co. Iowa (City, town, or county) (State or foreign country) 1

10. Usual occupation Carpenter 1

11. Industry or business

FATHER
12. Name Gilbert Sharp 1
13. Birthplace New York Duchess Co. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Abbigail Eastman
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant E. D. Sharp

(b) Address Rogers, Ark.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe Iowa

18. (a) Signature of funeral director Oscar Eckhoff

(b) Address Appleton City Mo.

19. (a) March 21 (Date received local registrar) (b) Mrs. Bessie Gunn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21 year 1940 hour 2 minute a M.

21. I hereby certify that I attended the deceased from July 1 1930 to Mar 21 1940 that I last saw him alive on Mar 20 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to acute urinary retention

Due to hypertrophical prostate

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)

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While at work? (e) Means of injury

23. Signature R. L. Hansen (M. D. or other) MD

Address Appleton City Mo. Date signed 3-21-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
Number 5-40-269
Date 5-6-40

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton 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.