

FILED MAY 7 1940
Registration District No. **417**

Primary Registration District No. **3021**

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

I. PLACE OF DEATH:

(a) County Jasper
(b) City or town West Pkts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community 33
years, months or days)

3. (a) PRINT FULL NAME Charles Lynn Sharp
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color by race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel Sharp
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased July 19 1906
(Month) (Day) (Year)

8. AGE: Years 33 Months 7 Days 19
If less than one day hr. _____ min. _____

9. Birthplace West Pkts Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business West Pkts Wholesale Grocers

MOTHER FATHER
12. Name James M Sharp
13. Birthplace Mulberry Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Married Whitlock
15. Birthplace Cedar County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Sharp
(b) Address West Pkts Mo
17. (a) Burial (b) Date thereof April 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cem

18. (a) Signature of funeral director West Pkts Ind Co
(b) Address West Pkts Mo
19. (a) APR 8 40 (b) J. F. Gresham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town West Pkts
(If outside city or town limits, write "RURAL")
(d) Street No. 401 S. Tom St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1940 hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from 4-7
1940 to 4-7 1940
that I last saw him alive on 4-7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to apexical
Due to 121

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Pneumonia
Of operations _____
Of autopsy _____

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?
377
While at work? _____ (Specify type of place) (e) Means of injury 11
23. Signature J. F. Gresham (M. D. or other) 50
Address 0-1st Bldg West Pkts Date signed 7-8-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 myself,

Registered, Apprentice No. _____

working under my personal supervision.

Signed Leighton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb 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.