

No. 3
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19152
Registrar's No. *[Handwritten]*

Registration District No. *644* Primary Registration District No. *5853*

1. PLACE OF DEATH:
(a) County *Osage*
(b) City or town *Linn Zimp*
(c) Name of hospital or institution:
Mari-osa-delta tavern 3
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

8. (a) PRINT FULL NAME *James Edward Tharp* 610
8. (b) If veteran, name war _____ 3. (c) Social Security No. *none*

4. Sex *male* 5. Color or race *white* 6. (a) Single, widowed, married, divorced *single*
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: *September 17 1911*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 8 9 hr. min.

9. Birthplace *St. Louis, Missouri*
(City, town, or county) (State or foreign country)

10. Usual occupation *Recreation Parlors*

11. Industry or business _____

MOTHER { 12. Name *Edward E. Tharp*
13. Birthplace *Franklin County, Kansas*
(City, town, or county) (State or foreign country)
14. Maiden name *Alice Dobbins*
15. Birthplace *Byrnesville, Missouri*
(City, town, or county) (State or foreign country)

16. (a) Informant *Edward E. Tharp*

(b) Address *Jefferson City, Missouri*

17. (a) *Burial* (b) Date thereof *May-29-1940*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Resurrection Cemetery*

18. (a) Signature of funeral director *[Signature]*
(b) Address *Jefferson City, Missouri*

19. (a) *May 27, 1940* (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State *mo* (b) County *Cole*
(c) City or town *Jefferson city*
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *May* day *26* Sunday
year *1940* hour *2.45* minute _____ M.

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

Immediate cause of death *fracture*
Caused by gunshot, fired
by art Lyons!
Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____
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? _____

575 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature *[Signature]* (M. D. or other) _____
Address *Linn mo* Date signed *[Signature]*

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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.....

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

Signed

Louis Quest

Licensed Embalmer No. *4096*

P. O. Address *Jefferson 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1915-2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 644

Primary Registration District No. 5853

Registrar's No. _____

MOORE

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

1. PLACE OF DEATH

(a) County Oregon

(b) City or town Linn
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)

years, months or (days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME James Edward Sharp

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 26 year 1940 hour _____ minute _____ M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 8

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year _____

Immediate cause of death Wounded by gunshot fired by art before

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 28 Months 8 Days 9 If less than one day _____ h. _____ min.

Due to _____

Due to Murder by gunshot

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

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

10. Usual occupation _____

Major findings: _____ Of operations _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Murder

(b) Date of occurrence May 26 1940

(c) Where did injury occur near Briggs road (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) _____ (e) Manner of injury _____

23. Signature Frank R. Cleverley (D. or other) _____ Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

S-19152