

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

**21360**  
Do not use this space.

**FILED JUL 15 1940**

**1. PLACE OF DEATH**  
 (a) County Callaway <sup>2</sup> Registration District No. 104  
 (b) Township 0 Primary Registration District No. 3008  
 (c) City Fulton (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Sarah Lee Sharp  
 (a) Residence, No. 808 Court St St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** F **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widowed  
 (write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** J. B. Sharp

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Sept 11 1861

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
	<u>78</u>	<u>9</u>	<u>10</u>	

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Housewife

**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)** \_\_\_\_\_ **11. Total time (years) spent in this occupation** 46

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Paris, Missouri

**13. NAME** James Lawrence

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Kentucky

**15. MAIDEN NAME** Eliza Craig

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Missouri

**17. INFORMANT (ADDRESS)** Thyrs Deaver  
Fulton, Missouri

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Hillcrest Cem. DATE June 13, 1940

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Geo. G. Wallace  
Fulton, Missouri

**20. FILED** June 12 1940 A. N. Crews  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 6/11 1940

**22. I HEREBY CERTIFY**, That I attended deceased from 6/5/40, 19\_\_\_\_, to 6/11, 1940  
 I last saw her alive on 6/11, 1940 Death is said to have occurred on the date stated above, at 7:45 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of sigmoid.  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: Intestinal obstruction 6/5/40

Name of operation Exsanguination & colostomy Date of 6/7/40  
 What test confirmed diagnosis? operative Was there an autopsy? No

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** no  
 If so, specify \_\_\_\_\_  
 (Signed) Henry Dunt, M. D.  
106 (Address) Fulton Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I X16603

Social Security No. \_\_\_\_\_ Name \_\_\_\_\_

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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.....

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

Signed..... *J.P. Minjerson*

Licensed Embalmer No. *3965*

P. O. Address..... *Fulton, Me*

**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.**