

NOV 12 1940  
318

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. 852

1. PLACE OF DEATH:

(a) County: GREENE  
(b) City or town: Springfield Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 326 N Summit 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: None.  
(Specify whether  
In this community: None.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene  
(c) City or town: Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 326 N Summit.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME: Stella Sharp.

3. (b) If veteran, name war: No  
3. (c) Social Security No.: 500-01947

4. Sex: Female 5. Color or: Colored  
6. (a) Single, widowed, married, divorced: Divorced  
6. (b) Name of husband or wife: Morris Sharp  
6. (c) Age of husband or wife if: about 49 years  
7. Birth date of deceased: January 11th 1892  
(Month) (Day) (Year)

8. AGE: Years: 48 Months: 9 Days: 5  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Springfield Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Domestic

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name: Gaines Logan  
13. Birthplace: Unknown Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name: Mary Smith  
15. Birthplace: Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Cecil Logan  
(b) Address: 1220 Frisco Avenue

17. (a) Burial (b) Date thereof: 10-19-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hazelwood

18. (a) Signature of funeral director: W. E. Naudley

(b) Address: 805 N. Washington Ave

19. (a) 10-19-40 (b) W. E. Naudley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16  
year 1940 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her dead alive on Oct 16, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Alcoholism Duration: 24 hrs

Due to: Acute alcoholic consumption

Due to: 10-16-40

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? At home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature: W. E. Naudley (M. D. or other) \_\_\_\_\_

Address: Coroner Greene County Date signed: 10-16-40

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

**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.....

*W. F. Campbell*  
.....  
working under my personal supervision.

....., Registered Apprentice No.....

Signed *W. F. Campbell*  
.....

Licensed Embalmer No. *1747*

P. O. Address *Springfield*

**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.**