

REG. MAR 25 1941 38  
Registration District No. **38**

Primary Registration District No. **5902**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Phelps**  
(b) City or town **Rural + Hallowville**  
(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 **Rural**  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) **0**  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Jesse Robert Sharp**  
(b) If veteran, name war **no** 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb** day **16**  
year **1941** hour **8-15** minute **P.** M.  
21. I hereby certify that I attended the deceased from **8-12-40**  
\_\_\_\_\_ 19, to **8-15-41**, 19 \_\_\_\_\_  
that I last saw him alive on **8-15-41**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
7. Birth date of deceased **John 14 1898**  
(Month) (Day) (Year)

Immediate cause of death **Pulmonary Tuberculosis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_ **12/8**  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years **43** Months **1** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Phelps Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Mechanic**

11. Industry or business **Automobiles**

12. Name **Jesse Pierce Sharp**

13. Birthplace **Hardin Co. Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Naucy Pillsbury**

15. Birthplace **Uniontown Ark.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Jess Sharp**

(b) Address **Vevey Street, Hallowville, Mo.**

17. (a) **Burial** (b) Date thereof **Feb 18 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Macedonia**

18. (a) Signature of funeral director **Rolla Mo**  
(b) Address **Rolla Mo**

19. (a) **3/1/41** (b) **Elmer B. Houch**  
(Date received local registrar) (Registrar's signature)

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? **Home near Rolla Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **U.I.**  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. W. Davis M.D.** (M. D. or other) **U.I.**  
Address **Rolla Mo** Date signed **2-19-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

1 X 19311

HEALTH OFFICER  
Health Officer No. 5,  
File Number 341408  
Date Filed \_\_\_\_\_

**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 W E Licklider  
Licensed Embalmer No. 1970  
P. O. Address St James 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.**