

No. 2
13-40
17-39-
X23159

Registration District No. _____

Primary Registration District No. 2002

Registrar's No. _____

FILED JUL 11 1941
JUL 7 1941

1. PLACE OF DEATH:

(a) County Wagon
(b) City or town _____
(c) Name of hospital or institution: Fallen Leaf Hospital
(d) Length of stay: _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Wagon
(d) Street No. _____
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 41 hour 3⁰⁰ minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him did not see him alive _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: fracture base of skull duration _____
also neck, back + left femur

Due to being struck by automobile
while riding canoe on bicycle
Due to _____

Other conditions _____
Major findings: _____
Of operations: _____
Of autopsy: _____
1700
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) accident
(b) Date of occurrence June 4, 41
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on State Highway #14
While at work _____ (e) Means of injury Automobile
23. Signature R. A. Hubster (M.D. or other) _____
Address Carthage Mo Date signed June 4 1941

3. (a) PRINT FULL NAME Billie Joe Sharp

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 18 1927
(Month) (Day) (Year)

8. AGE: Years 14 Months 0 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation School

11. Industry or business _____

12. Name Joe Sharp

13. Birthplace West Plains, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Parker

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

16. (a) Informant Geo. L. D. Dautler

(b) Address Wagon, Mo

17. (a) Burial (b) Date thereof June 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Walt City

(b) Address Walt City, Mo 372

19. (a) 6-6-41 (b) R. A. Hubster
(Date received local registrar) (Registrar's signature)

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

Signed Clayton M Johnston

Licensed Embalmer No. 3,920

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, fact should be so stated above.