

No. 2,
9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21131

LED JUL 14 1943

State File No.

Registration District No. 73

Primary Registration District No. 4133

Registrar's No. 51

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

4
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1. PLACE OF DEATH:

(a) County Calay

(b) City or town Bedwin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Major St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 2 months and 1 week (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Calay ²⁴

(c) City or town Kearney ³
(If outside city or town limits, write "RURAL")

(d) Street No. Major St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Thomas Franklin Sharp

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha

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

7. Birth date of deceased Nov. 28 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>0</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farmer

MOTHER FATHER

12. Name Joseph Sharp

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

14. Maiden name Anna George

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

16. (a) Informant Martha Catherine Sharp

(b) Address Kearney Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 30 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. City

18. (a) Signature of funeral director _____

(b) Address 19 E Franklin Liberty

19. (a) June 30 1943 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28 year 1943 hour 8:30 minute AM

21. I hereby certify that I attended the deceased from May 24 1943 to June 28 1943 that I last saw him alive on June 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism
Left Coronary Artery 8 hrs.

Due to General Atherosclerosis 5 yrs.

Other conditions (Include pregnancy within 3 months of death) 940

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? _____

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

23. Signature Arthur Melley (M. D. or other) M.D.

Address Liberty Mo Date signed 30-6-43

926

RECEIVED
District Health Officer No. 2
District File Number
Date Filed 7-13-43

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. C. Carder*
Licensed Embalmer No. 13934
P. O. Address *Liberty, 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.