

5. No. 2
M-2-43
5-17-39
I X3589

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34215

State File No. _____

FILED NOV 9 1943

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1082

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
St Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether years, months or days)

In this community 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 3214 Jackson St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mary Mamie Sharp

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Ernest

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

7. Birth date of deceased March 14, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>6</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph K. Pugh

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

14. Maiden name Rosana Tucker

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

16. (a) Informant Ernest Sharp

(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-43
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director FLEMAN & SON, INC.

(b) Address St Joseph, Mo.

19. (a) 10-4-43 (Date received local registrar)

(b) Rose Heigoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1943 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 8 1943 to Sept 30 1943
that I last saw h^e alive on Sept 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrosic of liver

Duration 3 months

Due to _____

Due to _____

Other conditions Intermittent Diabetes 10 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations 1248

Of autopsy None

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 Frank Vanderweil (M. D. or other)

620 Francis Address Date signed 10/1/43

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

1233

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo

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

Robert H. Yapple

Licensed Embalmer No.

3308

P. O. Address

St. Joseph, 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.