

S. No. 2
DM-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 23 1943
Registration District No. _____

Primary Registration District No. 5030

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Atchison

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

(c) Name of hospital or institution: Tarkio Jung
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Tarkio rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Lottie Belle Sharp

3. (b) If veteran, name war: ---

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife T.M. Sharp

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

7. Birth date of deceased August 17 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>21</u>	_____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Al Angle

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

14. Maiden name Mary Anna Christina

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

16. (a) Informant Wm. Sharp

(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof 11/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery Davis Funeral Home

18. (a) Signature of funeral director _____

(b) Address Tarkio, Mo.

19. (a) Dec 4 1943 (b) Matthew Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 17
1943 to Nov 8 1943
that I last saw him alive on Nov 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Endocarditis 92d 3 yrs.

Due to _____

Due to _____

Other conditions Chronic Arthritis 10 yrs.
(Include pregnancy within 3 months of death)

Major findings: Dr. C. D. Haskell PHYSICIAN
Of operations None

Of autopsy None

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 ✓

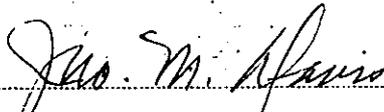
23. Signature C. D. Haskell Tarkio Mo (M. D. or other)
Date signed Nov 10/43

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

009

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..... .....
Licensed Embalmer No. 2394.....
P. O. Address..... Tarkio, 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.