

BUREAU OF THE CENSUS
FILED FEB 10 1944

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home 5019 E. 6th St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 37 years
 years, months or days)

3. (a) PRINT FULL NAME Maria E. Sharp3. (b) If veteran,
name war No3. (c) Social Security
No. None4. Sex Female 5. Color or
race White 6. (a) Single, widowed, married,
2 divorced Widowed6. (b) Name of husband or wife William Sharp 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased March 6 1871
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
72 10 16
hr. _____ min.9. Birthplace Michigan /
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name George Simpson
13. Birthplace England /
(City, town, or county) (State or foreign country)14. Maiden name Lucy Grovenburg
15. Birthplace New York /
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Kenneth Gentry(b) Address 3418 Mersington17. (a) Burial (b) Date thereof 1/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director Earp Funeral Home(b) Address 4139 E. 15th St. K.C. Mo.19. (a) Jan. 24 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 2
 (If outside city or town limits, write "RURAL") 5
 (d) Street No. 5019 East 6th St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22nd.
year 1944 hour 6 : minute 50 P. M.21. I hereby certify that I attended the deceased from April 22,
1942 to Jan. 22, 1944;
that I last saw her alive on January 22, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral hemorrhage</u>	<u>1 week</u>
<u>Hypertension</u>	<u>16 mo.</u>
<u>Arteriosclerosis</u>	<u>16 mo.?</u>

Other conditions none
(Include pregnancy within 3 months of death)Major findings:
Of operations noneOf autopsy no autopsy 13w

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO
 (b) Date of occurrence X
 (c) Where did injury occur? X (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
X

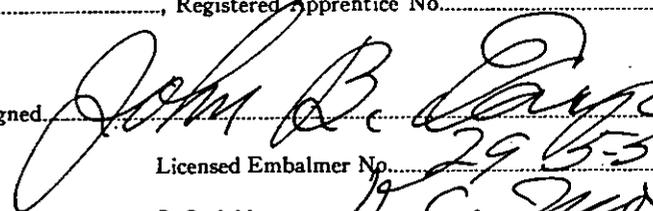
While at work? X (Specify type of place) (e) Means of injury X23. Signature Sydney L. Brown D. or other 100
Address 1623 W. 9th St. K.C. Mo. Date signed 1-24-44

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..... 2953

P. O. Address..... N.C. Med

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.