

FILED JUL 14 1944
02

Registration District No.

Primary Registration District No. **5239**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **Rural Linn Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **XXXX**
(If not in hospital or institution, write street number or location) **XX**
(d) Length of stay: In hospital or institution **XX** (Specify whether years, months or days)
In this community **XXX**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**
(c) City or town **Rural-Linn Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **XX** (If rural, give location)
(e) Citizen of foreign country? **XXNO** (Yes or No)
If yes, name country **XX**

3. (a) PRINT FULL NAME **MELVIN JOHN SHARP**

3. (b) If veteran, name war **XXXX** 3. (c) Social Security No. **XXX**

4. Sex **0 Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nadine Sharp** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **June 13, 1888**
(Month) (Day) (Year)

8. AGE: Years **56** Months **0** Days **2** If less than one day **XXEXXX** min.

9. Birthplace **Waterton Wis.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Probate Judge, Cedar Co. Mo.**

11. Industry or business

12. Name **George Sharp**
13. Birthplace **Rochester, Wis.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Ridgwell**
15. Birthplace **Rochester, Wis.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nadine Sharp**
(b) Address **Stockton, Missouri**

17. (a) **Burial** (b) Date thereof **6-18-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Stockton Cemetary Church and Neale**

18. (a) Signature of funeral director **Stockton, Missouri**
(b) Address **Stockton, Missouri**

19. (a) **7-1-44** (b) **Mrs Ethel Church**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June 15** day **15**
year **1944** hour **8:30** minute **A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on **June 15, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion hrs**

Due to _____
Due to **gfa**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 **D**

23. Signature **Wm B Richter** (M. D. or other) _____
Address **Stockton** Date signed **6-19-44**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

20000

1298

RECEIVED

Director Health Officer No. 7,

District No. Number 6-44-808

Date Filed 7-10-44

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton

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.