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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6414

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 304 So. Maple 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 23 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carterville 4 (If outside city or town limits, write "RURAL")

(d) Street No. 304 So. Maple 0 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Walter Sharp

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

4. Sex M O 5. Color or race W 6. (a) ~~Single, widowed,~~ married, ~~divorced~~ 1

6. (b) Name of husband or wife Elsie Sharp 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb (Month) 14 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
50	–	2	hr. ..... min.

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

10. Usual occupation Mo. Pacific R.R.

11. Industry or business .....

FATHER
12. Name Alfred Sharp
13. Birthplace ..... (City, town, or county) Mo D (State or foreign country)

MOTHER
14. Maiden name Martha Morgan
15. Birthplace ..... (City, town, or county) Mo D (State or foreign country)

16. (a) Informant Widow Elsie Sharp
(b) Address Carterville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/45 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge Lewis
(b) Address Webb City, Mo

19. (a) Feb. 17 1945 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 16 year 1945 hour 5:10 minute P M.

21. I hereby certify that I attended the deceased from Mch 9, 1940, to Feb 16, 1945 that I last saw him alive on Feb 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Passive congestion from failing right heart

Due to from valvular heart disease due to rheumatic fever

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature R. M. Stormont (M. D. ~~or other~~)

Address Webb City Mo Date signed 7/17/45

(Licensed Embalmer's Statement on Reverse Side)

45-2-179

APR 5 1945

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. .....

P. O. Address .....

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.