

S. No. 2  
OM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17712

State File No. \_\_\_\_\_

FILED JUN 14 1945

Registration District No. 257

Primary Registration District No. 3049

Registrar's No. 75

1. PLACE OF DEATH:  
 (a) County Madaway  
 (b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
521 South Hester 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 all life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Madaway  
 (c) City or town Maryville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 521 So. Hester St.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ellen Sharp  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 29  
1945 year hour 12 minute noon M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Francis Marion Sharp 6. (c) Age of husband or wife if alive 82 years  
 7. Birth date of deceased April 9 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 15 to April 29 1945  
 that I last saw her alive on April 27 1945  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>		<u>20</u>	hr. _____ min. _____

Immediate Cause of death  
Cerebral Hemorrhage  
RT hemiplegia  
Arterio Sclerosis and Hypertension  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Duration  
6 weeks

9. Birthplace Winterset Iowa  
(City, town, or county) (State or foreign country)  
 10. Usual occupation housewife  
 11. Industry or business \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations 83w  
 Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 12. Name Joseph Viles  
 13. Birthplace W. Linn Iowa  
(City, town, or county) (State or foreign country)  
 14. Maiden name Beulah Hunt  
 15. Birthplace W. Linn Iowa  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Mrs. Clarence Hilsabeck  
 (b) Address Maryville, Missouri  
burial  
 17. (a) (b) Date thereof 5-1-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Miriam cemetery  
 18. (a) Signature of funeral director Princeton Home  
 (b) Address Maryville Mo.  
 19. (a) May 7 1945 (b) Clay Barber  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature W.R. Jackson (M. D. or other) \_\_\_\_\_  
 Address Maryville, Mo. Date signed 5-1-45

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

14  
1  
2

1349

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer  
District File No. \_\_\_\_\_  
Date Filed \_\_\_\_\_

**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.

**RECEIVED**  
District Health Officer No. **11,**  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

Signed John W. Price  
Licensed Embalmer No. 4281  
P. O. Address Maryville 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.**