

No. 2
M-5-43
5-17-39
I X36671

FILED SEP 16 1946

Registration District No.

Primary Registration District No.

1003

Registrar's No. **7814**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **56 days**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Charles Earl Sharp**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nancy E. Sharp** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **July 31 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 64 **1** **0** hr. min.

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

10. Usual occupation **Miller**

11. Industry or business **Flour Mills**

12. Name **Bruce Sharp**

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

14. Maiden name **Willie F. Wight**

15. Birthplace **Greenville Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Miss McGhee**

(b) Address **416 So. Kingshighway**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-3-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Campbell, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **SEP 3 1946** (Date received local registrar) **J. F. Bradley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **1**
year **1946** hour **1** minute **00** P.M.

21. I hereby certify that I attended the deceased from **July 6, 1946** 19... to **Sept. 1, 1946** 19...
that I last saw him alive on **September 1, 1946** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Cholangitis with biliary obstruction** Duration

Due to **Carcinoma of head of the pancreas**

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

Major findings: Of operations **Carcinoma of head of pancreas** Of autopsy **Carcinoma of head of pancreas** 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 **J. F. Bradley** (M. D. or other) **9/1/46**
Address **Barnes Hospital,** Date signed

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

MOTHER FATHER

NR 35
0
0
1

267A

OCT 1 1946

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 Elmo R. Padwell
Licensed Embalmer No. 4077
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.