

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1947

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43298

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 839 E. Woodruff Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME William Henry Franklin Sharp

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susie Sharp 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 4 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 17 . If less than one day hr. min.

9. Birthplace Pekin Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business

12. Name John Sharp 9

13. Birthplace Unknown 1

14. Maiden name Sarah McFarland

15. Birthplace Unknown 2

16. (a) Informant ?

(b) Address

17. (a) Removal (b) Date thereof Dec-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherokee, Oklahoma

18. (a) Signature of funeral director Ray Funeral Service

(b) Address Nevada Mo

19. (a) 12-23-46 (b) Halbyn Hancy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1946 hour 7:35 minute Pm M.

21. I hereby certify that I attended the deceased from
Nov-12 1946 to 21 Dec 1946
that I last saw him alive on Nov-25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary (Thrombosed arteries death) Duration 2-3 min

Due to Coronary sclerosis Ch. Myocardial Decomensation 3-4 yrs 6 mo

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none Of operations none

Of autopsy none

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? (c) Means of injury

23. Signature [Signature] M.D. or other

Address Moore Bldg Nevada Mo Date signed 12-23-46

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

Date ~~12-16-2019~~ 1-7-21

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 Allen S. Kays
Licensed Embalmer No. 1968
P. O. Address Nevada 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.