

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 41488

Registration District No. 132

Primary Registration District No. 321

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County GRUNDY
 (b) City or town RUSS - MADISON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution R. 70 # 0. TRENTON, MO
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 64 years
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County GRUNDY
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. R. 70 # 0. TRENTON, MO
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GEORGE R. SHARON
 3. (b) If veteran, name war _____
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 19
 year 1947 hour 1:10 minute P M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife LETTICIA SHARON
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Aug 23 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 6 - 1947 to Nov 19 1947
 that I last saw him alive on Nov 19 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>2</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death: Myocarditis
 Due to arteriosclerosis

9. Birthplace Daniel Co., Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Operator No. 1000

Due to Asthma
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: CHF

11. Industry or business Submarine Gun
 12. Name J. C. SHARON
 13. Birthplace Daniel Co., Mo - 0
(City, town, or county) (State or foreign country)
 14. Maiden name Mar S. Smith
 15. Birthplace Daniel Co., Mo - 0
(City, town, or county) (State or foreign country)

Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Hugh K. Graham
 (b) Address Trenton, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 22 - 47
(Month) (Day) (Year)
 (c) Place: burial or cremation Edwin T. P. Co.

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? _____

18. (a) Signature of funeral director James A. Damm
 (b) Address Trenton, Mo.
 19. (a) 11/22/47 (Date received local registrar) (b) Gene Davis (Registrar's signature) 115

While at work? _____ (Specify type of place)
 (c) Means of injury 0
 23. Signature Wm A. Faison (M. D. or other) MD
 Address Trenton Mo. Date signed 11-20-47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Walter E. Meyer

working under my personal supervision.

Registered Apprentice No. *458*

Signed

John A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Jaenita 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.