

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JAN 6 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41494

Do not use this space.

1. PLACE OF DEATH

(a) County Darwin Registration District No. 134
(b) Township Callan Primary Registration District No. 5492
(c) City near Eagleville (d) Street No. _____ St. 0
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 89 yrs. mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 0

Registered No. 41

2. PRINT FULL NAME

Benjamin Berry Sharp.
(a) Residence, No. Rural near Eagleville St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 1858
7. AGE YEARS 89 MONTHS 0 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. own farm
10. Date deceased last worked at this occupation (month and year) June, 1947 11. Total time (years) spent in this occupation 70
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darwin County Missouri
13. NAME Preston Sharp.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
15. MAIDEN NAME Elizabeth Nunns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
17. INFORMANT (ADDRESS) Flaminia J. Sharp, Eagleville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE Dec. 16 1947
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm A. March, Lamm, Iowa
20. FILED 12/27/47, 19 S. Pha Shaw, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 194722. I HEREBY CERTIFY, That I attended deceased from June 1945, to Dec. 14, 1947, 1947

I last saw him alive on Dec. 13, 1947 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Parental diabetes Nephrosis
Arteriosclerosis
Senility
Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. B. D. D. D.
(Address) Eagleville Mo.

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.....
Myself,....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Wm. Marsh

Licensed Embalmer No. *4400*

P. O. Address.....

Lauri, Iowa

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, above space should be left blank.