

10-300
10-47
17-39
PI 3908

FILED NOV 12 1948
Registration District No. 756

Primary Registration District No. 2001

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1809 Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 28 years

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased March 8 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 21 hr. min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name James W. Sharp

13. Birthplace Vienna Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Simpson

15. Birthplace Vienna Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant I. H. Miller

(b) Address 2915 Pearl

17. (a) burial (b) Date thereof 10 1 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Hessbert - Moore Mortuary

(b) Address Joplin, Missouri

19. (a) 11-1-48 (b) Ed. D. James
(Date received local registrar) (Signature)

158-1 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1809 Grand
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1948 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: metastatic carcinoma of cerebral gland

Due to Primary Ca - Breast Cancer
Due to Met. Carcin

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 55F

Of autopsy _____

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? _____ Means of injury _____

23. Signature Ed. D. James (M. D. or other) _____

Address Joplin, Mo Date signed 11-1-48

Duration 14 yrs
5 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

NOV 13 1948

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.....

William E. Freese

Registered Apprentice No. *283*

working under my personal supervision.

Signed *Wab Glover*

Licensed Embalmer No. *4593*

P. O. Address *Joplin, 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.