

FILED JUN 28 1949

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 2

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: real date before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>321 W Kansas St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>321 W Kansas st</u>		d. STREET ADDRESS (If rural, give location) <u>321 W Kansas St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Sharpes</u>			4. DATE OF DEATH (Month) (Day), (Year) <u>June 17 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 25-1871</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mdse store</u>	11. BIRTHPLACE (State or foreign country) <u>Pawnee City, Neb./</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Minor S Sharpes</u>	
13b. MOTHER'S MAIDEN NAME <u>Roxenie Sluss</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>11</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Anne L. Dingman</u>		ADDRESS <u>Liberty Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure 6 wks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombus</u> <u>6 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION <u>P</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0 0 0</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>10/10</u> , to <u>6/19/49</u> , 19____, that I last saw the deceased alive on <u>6/17/49</u> , 19____, and that death occurred at <u>2/10 Pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W. H. Gadsden</u>		23b. ADDRESS <u>Liberty Mo</u>	
23c. DATE SIGNED <u>JUNE 18/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
24d. LOCATION (City, town, or county) (State) <u>Liberty Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pharaoh-Cremer Liberty Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 18 1949</u>		REGISTRAR'S SIGNATURE <u>Drumie Haynes</u>	

RECEIVED

District Health Officer No. 8,

JUN 27

District File Number _____

Date Filed 6-27-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed John L. Loberg
Licensed Embalmer No. 4448

P. O. Address 5 Cherry St. No.

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.