

FILED OCT 16 1941

## STANDARD CERTIFICATE OF DEATH

Registration District No. 737

Primary Registration District No. 774

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Ray  
 (b) City or town Camden Mo. Rural  
 (If outside city or town limits, write "RURAL" and name of townships)  
 (c) Name of hospital or institution:  
 (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) \_\_\_\_\_

3. (a) PRINT FULL NAME Bessie E. Sharp

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Milford H. Sharp 6. (c) Age of husband or wife if alive 82 years  
 7. Birth date of deceased May 6 1888  
 (Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 10 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Richmond Mo.  
 (City, town, or county) (State or foreign country)10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Warren Parr  
 13. Birthplace Unknown (State or foreign country)  
 14. Maiden name Clara Hatfield (State or foreign country)  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Milford H. Sharp  
 (b) Address Camden Mo.17. (a) Burial (b) Date thereof Sept. 19, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Richmond Mo.18. (a) Signature of funeral director Edman  
 (b) Address Richmond Mo.19. (a) 18 (b) 10/11  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
 (c) City or town Camden Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16  
 year 1941 hour 1 minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
 that I last saw her alive on Sept 16, 1941  
 and that death occurred on the 16 and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other condition Acute Nephritis  
 (Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Type of place) (Means of injury)

23. Signature E. E. Jay (M. D. or other) \_\_\_\_\_Address \_\_\_\_\_ Date signed 9-22-41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10-14-41

**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,          <sup>###</sup>          <sup>###</sup>

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

Signed          *E. H. Himmian*

Licensed Embalmer No. 2073

P. O. Address Richmond 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3 2352

Registration District No. 139

Primary Registration District No. 5974

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Camden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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 \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Bessie E. Sharp

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 6 1888  
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days \_\_\_\_\_ (If less than one day, in min.)

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 12-17-41 (b) Mabel Jackson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day \_\_\_\_\_ year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic myocarditis  
Due to \_\_\_\_\_

Due to Bright's disease

Other conditions Acute nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 132:1

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other)

Address Richmond, Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

32352