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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32566

Registration District No. 556 Primary Registration District No. 4328 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Mercer County

(b) City or town Princeton, Mo. (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 2 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer

(c) City or town Princeton Mo (If outside city or town limits, write "RURAL")

(d) Street No. 0 City (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hellen M. Sparks

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 18, 1932 (Month) (Day) (Year)

8. AGE: Years 7 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Princeton, Mercer Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business

FATHER
12. Name Calvin Sparks
13. Birthplace Princeton, Mercer Co., Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Grace Hunter
15. Birthplace Princeton, Mercer Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Calvin Sparks

(b) Address Princeton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, Mo.

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton Mo

19. (a) 9/10-40 (Date received local registrar) (b) J M Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 10 year 1940 hour 1 minute 0 A.M.

21. I hereby certify that I attended the deceased from 9-8, 1940 to 9-10, 1940; that I last saw her alive on 9-10, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute poliomyelitis	3 da.
Due to Infantile Paralysis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 16	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? 494 (e) Means of injury 3

23. Signature Dr B. T. Aytell (M. D. or other) DO

Address Princeton, Missouri Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

This child was put in the casket at the home and taken right straight to the graveyard.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.