

FILED DEC 11 1940

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

38443
Do not use this space.

1. PLACE OF DEATH
 (a) County Chariton Registration District No. 175 5-47
 (b) Township Wayland 2 Primary Registration District No. 5240-77
 (c) City Cockrell Hill (d) Street No. _____
 (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Virginia Leona McSPARREN
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ill

FATHER 13. NAME Henry Ulrich 9
 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown 27

MOTHER 15. MAIDEN NAME MARY EINHARDT
 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown

17. INFORMANT Ray McSPARREN
 (ADDRESS) Salisbury, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE McCurry Cemetery DATE Oct 6 1940

19. FUNERAL DIRECTOR (NAME) Geo Winkelmeyer
 (ADDRESS) Salisbury, Mo

20. FILED 10/5 1940 W. W. Stantien
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1940, to Oct 5, 1940
 I last saw him alive on Oct 5, 1940 Death is said to have occurred on the date stated above, at 7:30 a
 The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
g. 2 u
 Other contributory causes of importance:
arteriosclerosis

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. W. Stantien M. D.
 (Address) Salisbury Mo

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-11-70

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.