

No. 2
1-4-41
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X26330

FILED MAY 2 1941

DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15184

State File No. _____

Registration District No. 556

Primary Registration District No. 4378

Registrar's No. 8

1. PLACE OF DEATH: Mercer County
 (a) County Princeton, Mo.
 (b) City or town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: No
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community all her life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Mercer
 (c) City or town Princeton Mo
 (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 Joan M. Sparks
 3. (b) If veteran, name war _____ 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 27
 year 1941 hour 8 minute 15 P. M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Dec 25, 1941 to Mar 27, 1941
 that I last saw him alive on Mar 27, 1941
 and that death occurred on the date and hour stated above.

7. Birth date of deceased May 31, 1938
 (Month) (Day) (Year)

Immediate cause of death
Diabetes Mellitus
 Duration 3 months

8. AGE: Years 2 Months 9 Days 26
 If less than one day _____ hr. _____ min.

Due to Coma
 Due to 61

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

Other conditions 61
 (Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

Major findings:
 Of operations ✓
 Of autopsy ✓
 Underline the cause to which death should be charged statistically.

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

14. Maiden name Thelma Shandrew
 15. Birthplace Mercer Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Robert Sparks
 (b) Address Princeton, Mo.

17. (a) burial (b) Date thereof Mar. 28, 1941
 (Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)
Coon Cemetery

18. (a) Signature of funeral director Hale Mason
 (b) Address Princeton Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) ✓
 (b) Date of occurrence ✓

19. (a) 3/28-41 (b) _____
 (Date received local registrar) (Registrar's signature)

494
 (Specify type of place) _____
 While at work? ✓ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address Princeton Mo Date signed 3/28/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

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

Signed Neil Mann

Licensed Embalmer No. Princeton 2

P. O. Address 2634

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.