

FILED AUG 16 1949 19
Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4001 Warwick Boulevard,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community about 40 years, (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary B. Sparks,

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Clark Sparks, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased July 16th (1866?)
(Month) (Day) (Year)

8. AGE: Years about 75 Months Days If less than one day
hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name William Bozell,

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

14. Maiden name Unknown,

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

16. (a) Informant Miss Mary D. Sparks,

(b) Address 4001 Warwick Blvd., Kansas City, Mo.

17. (a) Burial, (b) Date thereof 7-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7/25/49 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 4001 Warwick Blvd.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th,
year 1941 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him _____, 19____;

and that death resulted on the date and hour stated above.

Immediate cause of death _____ Duration _____

Bilateral hydrothorax
Chronic myocarditis

Other conditions (including pregnancy within 3 months of death)

Major findings: Obesity A. S. N. 10
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? _____

While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed _____

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

MOTHER FATHER

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 74. C 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, above space should be left blank.