

FILLED NOV 6 1941

Registration District No. 175

Primary Registration District No. 4104

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Salisbury Mo.
(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX
In this community 3 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 813 N. High
(If rural, give location)
(e) If foreign born, how long in U. S. A. No years.

3. (a) PRINT FULL NAME Anna Mae Sparks

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

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

7. Birth date of deceased March 22 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 18 hr. min.

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

10. Usual occupation ---

11. Industry or business ---

MOTHER FATHER { 12. Name Clarence Edward Sparks
13. Birthplace Kirkville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Marion Jenetta Daugherty
15. Birthplace Hopkins Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Saulters
(b) Address Salisbury Missouri

17. (a) Burial (b) Date thereof Oct. 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury City Cem.

18. (a) Signature of funeral director Geo. B. Winkelmayer
(b) Address Salisbury Mo.

19. (a) 10/10/41 (b) Geo. B. Winkelmayer M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1941 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from Oct 7
1941, to Oct 10, 1941;
that I last saw her alive on Oct 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Enteritis

Due to _____

Due to _____

Other conditions 1190
(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? _____ (Specify type of place)
Means of injury 0

23. Signature Geo. B. Winkelmayer M.D. (M. D. or other)
Address Salisbury Mo Date signed 10/10/41

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

RECEIVED
District Health Officer No. 8,
District File Number 11-4-47
Date Filed

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.....

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

Signed *[Signature]*

Licensed Embalmer No. *2981*

P. O. Address *Salisbury, Md.*

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.