

FILED MAY 13 1942

Registration District No. 671

Primary Registration District No. 4365

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Seneca
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida E. Sparlin

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Andrew J. Sparlin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 6 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin F. Holmes
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Upchurch
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant O. H. Sparlin
(b) Address Quapaw, Okla.

17. (a) Burial (b) Date thereof 4 6 42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director [Signature]
(b) Address Seneca, Mo.

19. (a) 4-10-42 (b) Shedore L. King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 23 1942 to Apr 4 1942
that I last saw her alive on Apr 4 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
hypertension
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 430

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) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Seneca, Mo. Date signed 4-11-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 542-674

Date Filed MAY 12 1942

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 James W. Buzzard
Licensed Embalmer No. 4245-
P. O. Address Seneca, 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, fact should be so stated above.