

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29923

FILED OCT 9 1942

Registration District No. 45

Primary Registration District No. 4063

State File No. 33

Registrar's No. 35

13
1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Caldwell*

(a) County *Caldwell*

(b) City or town *Hamilton*
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Caldwell*

(c) City or town *Hamilton*
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? *0* years.

3. (a) PRINT FULL NAME *AMANDA FLORENCE SPARKS*

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *30th* year *1942* hour *7* minute *A.* M.

4. Sex *Female* 5. Color or race *white*

6. (a) Single, widowed, married *2* divorced *Widowed*

6. (b) Name of husband or wife *T.F. SPARKS* 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: *Dec 11, 1862*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *May 30*, 1942, to *Sept 30*, 1942; that I last saw her alive on *Sept. 30*, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years *79* Months *9* Days *19* If less than one day hr. _____ min. _____

Immediate cause of death *Carcinoma of Gall Bladder* Duration *4 mo +*

9. Birthplace *Wynell Co. Ky.* *Kentucky*
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) *46 f*

10. Usual occupation *Housewife*

11. Industry or business _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name *Ferry Sloan*

13. Birthplace *unknown Kentucky*
(City, town or county) (State or foreign country)

14. Maiden name *Elizabeth Hinds*

15. Birthplace *unknown Kentucky*
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant *Mrs Paul Bowers*

(b) Address *Hamilton Mo*

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) *Burial* (b) Date thereof *Oct 2 1942*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Highland Ave. Hamilton Mo*

(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? _____

18. (a) Signature of funeral director *Frank Funeral Home*

(b) Address *Hamilton Mo*

19. (a) *Oct 2 1942* (b) *Flores B Bunker*
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of Injury _____

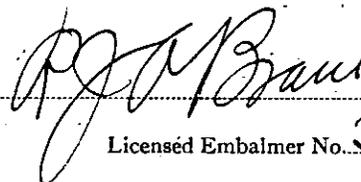
23. Signature *Herbert R. Buch* (M. D. or other) *MD*

Address *Hamilton Mo* Date signed *10/1/42*

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. 3057

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, fact should be so stated above.