

Registration District No. **187**

Primary Registration District No. **3040**

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1521 West Clay Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 1521 Clay St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daisy Irene Sparks

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

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 Nov. 14th '41
(Month) (Day) (Year)

8. AGE: Years _____ Months 11 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Earl Sparks
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Gish
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Elliott
(b) Address 1521 W. Clay St.

17. (a) Edgewood (b) Date thereof 10-24-'42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director M. B. Norman Co.

(b) Address Chillicothe Missouri

19. (a) October 23 (b) 1942 Lou Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23rd
year 1942 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct 22 1942 to Oct 23 1942
that I last saw her alive on Oct 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration 2 days

Due to _____
Due to Influenza 4 days

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings:
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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address Chillicothe Mo Date signed Oct 23/42

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

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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.....

..... E. R. Norman, Registered Apprentice No. 2374
working under my personal supervision.

Signed ER Norman

Licensed Embalmer No. 2374

P. O. Address. Chillicothe, 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.