

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14627**

Registration District No. **17** **APR 16 1943** **153**

Primary Registration District No. **5570**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Fletcher
(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 Jefferson **50**

(c) City or town Fletcher **0**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME Mary J Sparks

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive deceased years _____

7. Birth date of deceased June 10 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business House work

MOTHER { 12. Name Wm J Sparks

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

14. Maiden name Wm J Sparks

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

16. (a) Informant Mrs. J. Sparks

(b) Address 1st St. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Fayouault

18. (a) Signature of funeral director Sparks

(b) Address 1st St. Mo

19. (a) _____ (b) _____
(Date received local registrar) (Reg. No.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1942 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Mar 17
1942 to Mar 17 1942
that I last saw her alive on Mar 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage **4 days**
Duration

Due to arteriosclerosis **unknown**

Due to myocarditis **unknown**

Other conditions (include pregnancy within 3 months of death) 93e!

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? _____

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

23. Signature J. P. Ingels (M. D. or other) **0**

Address St. Louis, Mo Date signed 3-18-42

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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.....

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

Signed.....

Licensed Embalmer No.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 424

Primary Registration District No. 15579

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Big River Fletcher
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson

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

(d) Street No. Big River Township
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mary J. Spahr

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mo day 17
year 1942 hour 9 minute 17 M.

21. I hereby certify that I attended the deceased from 9 o'clock 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage
5 days duration

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced in

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased. June (Month) 1908 (Day) 1908 (Year)

Due to arteriosclerosis unk.

Due to myocarditis unk.

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 82 Months 9 Days 1 If less than one day min.

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

Major findings: Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation unemployed

11. Industry or business unemployed

12. Name unk.

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

14. Maiden name unk.

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

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

23. Signature J. P. Ingels (M. D. or other) 7
Address Big River, Mo. Date signed 8-24-42

16. (a) Informant Mrs. Leta

(b) Address Potosi, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof mon 191942 (Month) (Day) (Year)

(c) Place: burial or cremation Funerary

18. (a) Signature of funeral director S. Spahr

(b) Address Potosi, Mo.

19. (a) April 22-43 (Date received local registrar) (b) A. H. Gator (Registrar's signature)

SUPPLEMENTARY

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

MOTHER FATHER

S-14627