

Registration District No. 1100/15

Primary Registration District No. 6733

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural Union Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union, Mo. Rural
(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 Velma Leah 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 Married

6. (b) Name of husband or wife Frank B. Sparks 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased June 29 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

19 2 29 hr. - min.

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

10. Usual occupation Shoe Worker

11. Industry or business

12. Name Wm H. Hall

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

14. Maiden name May Crawford

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

16. (a) Informant Wm H. Hall

(b) Address Union, Mo.

17. (a) Burial (b) Date thereof 8/30/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Chapel Hill Sully

18. (a) Signature of funeral director Wm H. Hall

(b) Address Union, Missouri.

19. (a) 8/30/43 (b) Conrad A. Piger
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
year 1943 hour 6.55 minute A M.

21. I hereby certify that I attended the deceased from Aug 21 to 8-28, 1943
that I last saw him alive on 8-27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. Cutaneous Tuberculosis

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Wm H. Hall (M. D. or other) W. H. Hall
Address Union, Mo Date signed 8-30-43

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

1381

JAN 21 1946

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.....

Wm. H. Stone

Licensed Embalmer No.....

3175

P. O. Address.....

Union, 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.