

No. 2  
2-43  
-17-34  
X35897

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

1. PLACE OF DEATH:  
(a) County Washington  
(b) City or town rural Walter Twp  
(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.  
In this community \_\_\_\_\_  
years, months or days) (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Washington  
(c) City or town Rural  
(If outside city or town limits write "RURAL")  
(d) Street No. Shenley  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Spark  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month aug day 29  
year 1943 hour 6 minute 1 M.

4. Sex F 5. Color or race w  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Stephan Sparks  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased Mar 19 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Multiple Sclerosis  
Spine

8. AGE: Years Months Days If less than one day  
50 9 10 hr. min.  
9. Birthplace Shenley Mo  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation \_\_\_\_\_  
11. Industry or business House wife  
12. Name M W Ernst  
13. Birthplace rust Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Gibson  
15. Birthplace Kentucky  
(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)  
(e) Means of injury \_\_\_\_\_

16. (a) Informant D A Spark  
(b) Address Shenley  
17. (a) Burial (b) Date thereof aug 31 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation white oak burial  
18. (a) Signature of funeral director E L Sparks  
(b) Address Patton  
19. (a) 9-2-1943 (b) Joseph L. Florman  
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Fullwell (M. D. or other) 9/1/43  
Address Patton Mo Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 4  
District File Number 943-2683  
Date Filed 9-8-43

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 Eleanora Prince

Licensed Embalmer No. 3403

P. O. Address Festus 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.