

FILED NOV 18 1943 994

Registration District No. _____

Primary Registration District No. 3056

Registrar's No. 225

1. PLACE OF DEATH

(a) County Randolph
(b) City or town Proctorville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: M. Carmack Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution Two weeks
(Specify whether years, months or days) 16 years

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME IDA BELL SPARKS

3. (b) If veteran, name war None
3. (c) Social Security No. 494-22-5412

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married Divorced Married
6. (b) Name of husband or wife O.M. Sparks
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased August - 14 - 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 2 19 hr. min.

9. Birthplace Edwardsville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph L. Law

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

14. Maiden name Ellice J. Harris

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

16. (a) Informant O.M. Sparks

(b) Address Douglas Ave. Proctorville, Mo.

17. (a) Burial (b) Date there Nov. 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek

18. (a) Signature of funeral director John J. Harris

(b) Address Proctorville, Mo.

19. (a) 11-4-43 (b) J. Irma Dave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd
year 1943 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct. 18, 1943, to Nov. 2, 1943
that I last saw her alive on Nov. 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death operation for
Duration _____

Due to Cancer of Liver & spleen
Due to _____

Other conditions 520
(Include pregnancy within 3 months of death)

Major findings: Cancer of Kidney
Of operations Left - 9 spleen
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) Means of injury _____

23. Signature A. L. McCormick (M. D. or other) M.D.
Address Proctorville, Mo. Date signed 11-3-43

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

MOTHER FATHER

NOV 29 1943

RECEIVED

District Health Officer No. 10

District File Number 11-43-1841

Date Filed NOV. 16, 1943

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 R. H. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly, 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.