

FILED FEB 18 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 38

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Kirkville, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1010 W. Burton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Adair  
(c) City or town Kirkville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1010 W. Burton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Erie Arthur Martin Sparks  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 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 Oct. 22 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>3</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Kirkville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Erie Sparks  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Luria Davis  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Erie Sparks

(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 2/2/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director Riley Furrual Hester

(b) Address Kirkville, Missouri

19. (a) 2/4/44 (b) Dr. J. D. Wagner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31  
year 1944 hour 11:00 minute P: M.

21. I hereby certify that I attended the deceased on January 31st 1944 to see him  
that I last saw him alive on death on arrival 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days

Due to measles 3 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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 2

23. Signature Howard E. Gross (M. D. or other) MD.

Address Kirkville, Mo. Date signed 2-3-44

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

2-43  
7-39  
X35097

RECEIVED

District Health Officer No. 10

District File Number 2-44-283

Date Filed FEB 5 1944

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 Mrs. Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville M

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.