

FILED APR 13 1944

Registration District No. **732**

Primary Registration District No. **3021**

Registrar's No. **233**

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

1. PLACE OF DEATH:

(a) County **Grundy County**
(b) City or town **Trenton, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Cullers Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week** (Specify whether years, months or days)
In this community **One week**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mercer 65**
(c) City or town **Princeton**
(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

Chas. E. Sparks

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **no**

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

7. Birth date of deceased **April 13 1943**
(Month) (Day) (Year)

8. AGE: Years **10** Months **28** Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Harold Sparks**
13. Birthplace **Decatur Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Wilson**
15. Birthplace **Mercer, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Katherine L. Sparks**

(b) Address **Princeton, Mo.**

17. (a) **burial** (b) Date, thereof **Mar. 12, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **pleasant Ridge**

18. (a) Signature of funeral director _____
(b) Address **Princeton Mo**

19. (a) **3-23-** (b) **44** (Registrar's signature) **L. S. Roberts**
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11**
year **1944** hour **2** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **March 7** 1944, to **March 11** 1944;
that I last saw him alive on **March 10** 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **Four days**
Due to **Influenza**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **33a**

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 **L. S. Roberts MD** (M. D. or other) _____
Address **Trenton Mo** Date signed **3-12-44**

1350

F. L. Webster
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Embalmer

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 *Me*

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

Signed *Hail Mason*

Licensed Embalmer No. *2634*

P. O. Address *Pinebluffs, 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.