

No. 2
-8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15943

FILED APR 24 1944
Registration District No. 330

Primary Registration District No. 6112131

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Illmo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Illmo
(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 James Carl Sprinkle

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 202097257

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chara Pinder Sprinkle 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept 22 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired RR Conductor

11. Industry or business Cotton Belt RR

12. Name John W Sprinkle

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

14. Maiden name Betty Louise France

15. Birthplace Near Mayfield Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J C Sprinkle
(b) Address Illmo, Mo

17. (a) Burial (b) Date thereof 4-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem Co Mo

18. (a) Signature of funeral director Displough
(b) Address Illmo, Mo

19. (a) 4-7-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 6 year 1944 hour 7 minute A M.

21. I hereby certify that I attended the deceased from April 26 1943 to April 6 1944; that I last saw him alive on April 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Parkinsons disease Duration 4 yrs

Due to _____

Due to _____

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

Major findings: Of operations 87c

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 [Signature] (M. D. or other) M. D.

Address Illmo, Mo Date signed 4-7-44

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

MOTHER FATHER

390
/44

729

APR 24 1944

FEB 4 1955

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 *Mamie Desplinger*
Licensed Embalmer No. *3242*
P. O. Address *Chaffee 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: