

FILED AUG 11 1944

Registration District No. 132

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3021

State File No. 24757

Registrar's No. 288

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town TRENTON
(c) Name of hospital or institution: 727 East 24th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Grundy 40
(c) City or town TRENTON (If outside city or town limits, write "RURAL") 2
(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 Willis M. 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 Married
6. (b) Name of husband or wife Maude Sparks
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May 25, 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Canton Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER { 12. Name DAVID SPARKS
13. Birthplace Union Penn
(City, town, or county) (State or foreign country)
14. Maiden name Abigail Reafer
15. Birthplace Union Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Sparks
(b) Address Trenton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date there July 28, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation 15th St
18. (a) Signature of funeral director Wm. A. Davis
(b) Address Trenton, Mo

19. (a) July 28-1944 (Date received local registrar) (b) S. S. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1944 hour 1 minute 00 M.

21. I hereby certify that I attended the deceased from July 21, 1944 to July 25, 1944 that I last saw her alive on July 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 1 yr.

Chronic Interstitial Nephritis 6 mos

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/2 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) Nature of injury _____

23. Signature E. A. Cuffey (M. D. or other) July 28
Address Trenton Mo Date signed 1944

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

40
2

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. *Myself*

Signed *James A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Shelton, MD*

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.