

FILED JUL 28 1946
Registration District No. **2000**

Primary Registration District No. **2000**

9
2
6
1800
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
621 N. Franklin
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 20 Years

3. (a) PRINT FULL NAME Geneva Sparkman
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex F M / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife D.C. Sparkman
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased Jan. 14 th. 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>50</u>	<u>4</u>	<u>19</u>	hr. _____ min.

9. Birthplace Scott County Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name J.S. Frazir
 13. Birthplace UNK. Georgia
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy A. Mc. Cord
 15. Birthplace Unknown UNK. 9
(City, town, or county) (State or foreign country)

16. (a) Informant E.L. Sparkman
 (b) Address 604 N. Weaver, Springfield, Mo.

17. (a) Burial (b) Date thereof 6-5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mc. Connell Cemetery

18. (a) Signature of funeral director W.L. Dunn
 (b) Address Springfield, Mo.

19. (a) 6-2-46 (b) W.S. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene **30**
 (c) City or town Springfield **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. 621 North Franklin **6**
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 3 rd.
 year 1946 hour 11 minute 30 A. M.
 21. I hereby certify that I attended the deceased from H-6-1946 to 6-3-1946
 that I last saw her alive on 6-2-1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver
 Duration _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings Of operations _____
 Of autopsy _____
 PHYSICIAN W.L. Dunn
 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 W.L. Dunn (M. D. or other) _____
 Address Springfield, Mo. Date signed 6-4-46

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..... *B. L. McCann*

Licensed Embalmer No. *2727*

P. O. Address..... *Springfield, 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.