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-17-39  
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33779

DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC HEALTH  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 4217

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3412 Lexington /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 8 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 3412 Lexington 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME OLIVE LELA SPARKS  
(b) If veteran, name war no  
(c) Social Security No. none

4. Sex F. 5. Color or race W.  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Richard T. Sparks  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 22 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 10 9 hr. \_\_\_\_\_ min.

9. Birthplace Blackhawk Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name James Bonnell

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

14. Maiden name Elizabeth Barnsworth

15. Birthplace Penna  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mark Littlefield

(b) Address 3412 Lexington

17. (a) Burial (b) Date thereof 10-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 10-5-46 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 1  
year 1946 hour 1 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Sept 24 1946 to Oct 1 1946  
that I last saw her alive on Sept 30 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Stasis and  
Septic Failure  
Ch. Hypertensio  
Due to \_\_\_\_\_  
Due to Senility  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ✓ 93  
Of autopsy ✓

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 j  
23. Signature Thomas S. Parry (M. D. \_\_\_\_\_)  
Address Huron Bldg Date signed 10/2/46

Duration 24 hrs.  
1 yr  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Kansas City, Kans.

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

MOTHER FATHER

Dr. J. Carey  
Huron Bldg.  
Dr 2900

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**