No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41634

Registration District No. 278

Primary Registration District No. 5953

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Pike

(b) City or town: Rural Buffalo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Near Wooten School House
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Lifetime (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike

(c) City or town: Rural, Louisiana Missouri
(If outside city or town limits, write "RURAL")

(d) Street No.: Near Wooten School House
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: LUTHER FRANCIS SPARKS

3. (b) If veteran, name war: No

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: Martha Elizabeth Sparks

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: January (Month) 1 (Day) 1872 (Year)

8. AGE: Years 74 Months 11 Days 14 If less than one day hr. min.

9. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: James R. Sparks
13. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Georgia Gooch
15. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Luther Sparks
(b) Address: Rural, Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery

18. (a) Signature of funeral director: Garner & Sterne
(b) Address: Louisiana Missouri

19. (a) 12-16-46 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month: December day: 15 year: 1946 hour: 2 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Oct 1, 1946, to Dec 15, 1946 that I last saw him alive on Dec. 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Hypertensive Cardiovascular	yrs
~~Due to~~: Disease	
Other conditions (Include pregnancy within 3 months of death):	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Thos H. Lewellen (M. D. or other)
Address: Louisiana Mo Date signed 12/17/46

374 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 1:47:34
JAN - 7 1947
Date Filed

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 Harold Green

Licensed Embalmer No. 3720

P. O. Address Louisiana 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.