

No. 2  
5-43  
17-39  
X36671

FILED FEB 5 1947  
Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **6**

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

**1. PLACE OF DEATH:**  
 (a) County **Marion**  
 (b) City or town **Hannibal**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Elizabeth**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 Days**  
 In this community **5 Days**  
 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Marion** **69**  
 (c) City or town **Monroe City, Rural**  
 (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** **Helen Sparks**  
**3. (b) If veteran, name war** \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **December** day **30th**  
 year **1946** hour **12** minute **30 A.** M.  
**21. I hereby certify that I attended the deceased from** **Dec. 26** **1946** **Dec 30**  
**that I last saw her alive on** **Dec 29**  
**and that death occurred on the date and hour stated above.**

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Widowed**  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if**  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** **April 28th 1886**  
 (Month) (Day) (Year)

**Immediate cause of death** **Brain Tumor**  
**Due to** **Verified by operation**  
**3 weeks previous**  
**Due to** **3rd**  
**Other conditions** \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**8. AGE:** Years Months Days If less than one day  
**60** **8** **2** hr. min.  
**9. Birthplace** **New Sharon Iowa**  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** **At Home**

**Major findings:** **Inoperable Brain Tumor - 8 Sachs St. Louis**  
**Of operations** \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
**11. Industry or business** \_\_\_\_\_  
**12. Name** **Notley M. Rash**  
**13. Birthplace** **Lewistown Mo**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Mary Adair Moore**  
**15. Birthplace** **Beaver Co Penne.**  
 (City, town, or county) (State or foreign country)  
**16. (a) Informant** **Mrs Suella White**  
**(b) Address** **Shelbina Mo**  
**17. (a) Burial** **xxxxxxx** **(b) Date thereof** **1-1-1947**  
 (Burial, cremation, or reburial) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Shelbina, Mo.**  
**Million & Barkleew**  
**18. (a) Signature of funeral director** \_\_\_\_\_  
**(b) Address** **Shelbina, Mo.**  
**19. (a) 1-6-47** **(b) W. C. M. Lucke**  
 (Date received local registrar) (Registrar's signature)

**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) (Means of injury)  
**While at work** \_\_\_\_\_  
**23. Signature** **W. C. M. Lucke** (M.D. optional)  
**Address** **Hannibal Mo** **Date signed** **1/2/47**

**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..... *C. W. Hawkins*.....

..... Licensed Embalmer No. *3498*.....

P. O. Address..... *Phillips 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.**