S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4236

Registration District No. 53 | Primary Registration District No. 3010 | Registrar's No. 68

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(c) Name of hospital or institution: East Pecan Street
(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: 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No.: East Pecan Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Susan Sparks

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

6. (g) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Leander Sparks

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

7. Birth date of deceased: January (Month) 10th (Day) 1866 (Year)

8. AGE: Years 81 | Months 1 | Days 24 | If less than one day _____ hr. _____ min.

9. Birthplace: Near Martinsburg (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: None

11. Industry or business _____

FATHER
12. Name: Amos Halbrook
13. Birthplace _____ (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Rebecca Wal
15. Birthplace _____ (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mrs. Lottie Turley
(b) Address: Cape Girardeau, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-06-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Gresham Cemt. near Van Buren, Mo.

18. (a) Signature of funeral director: L. L. Haman
(b) Address: Cape Girardeau, Missouri.

19. (a) 3-6-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4 year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h____ alive on _____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	
Due to: Hypertension	
Due to:	
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: Dr. J. F. Sigmund Coroner (M.D. or other)
Address: Jackson, Mo. Date signed 3/5/47

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(Licensed Embalmer's Statement on Reverse Side)

ED

.t Health Officer No. 4

.ct File Number 347-343

Date Filed 3-10-42

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. William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau

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.