V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 14 1947

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 24538

Registrar's No. 173

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 205 No. Maple St.
(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 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 205 North Maple St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lloyd Earl Sparrow
3. (b) If veteran, name war none
3. (c) Social Security No. 490-10-0125
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Tosterud Sparrow
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March (Month) 30 (Day) 1894 (Year)

8. AGE: Years 53 | Months 4 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Atlanta (City, town, or county) Missouri (State or foreign country)
10. Usual occupation linesman
11. Industry or business Western Union Telegraph Co.
FATHER
12. Name Z. Z. Sparrow
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susie White
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. L. E. Sparrow
(b) Address 205 N. Maple, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 10 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.
19. (a) 8-9-47 (Date received local registrar) (b) L. B. Clentworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1947 hour 2:45 minute p M.
21. I hereby certify that I attended the deceased from May 26 1947 to Aug 7 1947; that I last saw him alive on Aug 5 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Castration Ca of prostate
Of autopsy No autopsy

PHYSICIAN — Underline the cause of 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 H. E. Bird M.D. (M. D. or other)
Address Carthage Mo. Date signed 8-9-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-8-621

MAR 12 1948

AUG 14 1947

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 Frank W. Kuell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.