

No. 2
1-5-43
5-17-39
I X36871

FILED SEP 9 1947

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 31

1. PLACE OF DEATH:

(a) County JOHNSON
(b) City or town HOLDEN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
SOUTHWEST HOLDEN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 76 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON 51
(c) City or town HOLDEN !
(If outside city or town limits, write "RURAL") 0
(d) Street No. SOUTHWEST HOLDEN
(If rural, give location)
(e) Citizen of foreign country? N.O. (Yes or No) 0
If yes, name country XXX

3. (a) PRINT FULL NAME CHARLES WALTER SPARKS

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MERTIE SPARKS 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased NOV 16 1970
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 9 If less than one day hr. min.

9. Birthplace JOHNSON CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business SAME

12. Name JOHN SPARKS

13. Birthplace NO CAROLINA
(City, town, or county) (State or foreign country)

14. Maiden name SARAH COBB

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

16. (a) Informant LEONARD SPARKS

(b) Address HOLDEN MO

17. (c) BURIAL (b) Date thereof 8-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COBB CEMETERY

18. (a) Signature of funeral director Canada F. Ropp

(b) Address HOLDEN MO

19. (a) Sept 2, 1947 (b) Mrs. W. Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 25
year 1947 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Sept 1 1947 to Aug 25 1947;
that I last saw him alive on Aug 25 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration

Due to _____

Due to _____

Other conditions Chronic Prostatism
(Include pregnancy within 3 months of death)

Major findings: Of operations 935

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Kelly Rawlins (M. D. or other)

Address Holden Mo Date signed 8/29/47

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

MOTHER FATHER

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..... *W. L. Quady*

Licensed Embalmer No. *3434*

P. O. Address. *Golden, 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.