FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11308

Registration District No. 366 — Primary Registration District No. 4535 — Registrar's No. 30

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Mineral Point
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town Mineral Point
(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 JESSE LAWRENCE SPARKS
3. (b) If veteran, name war NO
3. (c) Social Security No. 496-14-2342
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife GOLDIE SPARKS
6. (c) Age of ~~husband or~~ wife if alive 52 years
7. Birth date of deceased 7 (Month) 10 (Day) 1893 (Year)

8. AGE: Years 54 Months 8 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Washington County (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business .....
FATHER
12. Name William SPARKS
13. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hallie Politte
15. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Goldie Sparks
(b) Address Mineral Point
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi, Missouri
18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi, Missouri
19. (a) 4/3/48 (Date received local registrar) (b) Helen Endell 403 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19 ..... to ..... 19 ..... that I last saw ..... alive on April 1 to April 1/48 19 ..... and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis with infardeen and occlusion
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

94A

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 [signature] (M. D. ~~or other~~)
Address Potosi Mo Date signed 4/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 448-43

Date Filed 4-6-48

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 Howard C. Higginbotham, Registered Apprentice No. 53 working under my personal supervision.

Signed Mary M Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.