

S. No. 2
-12-45
5-17-39
47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18807 -

State File No. _____
Registrar's No. 195

FILED JUN 16 1948

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 da (Specify whether
In this community 6 yrs (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Uriah Alvin Sparks
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nora Mabel Sparks
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 13 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 18
If less than one day hr. _____ min. _____

9. Birthplace Wayne Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Farmer

11. Industry or business Farm

12. Name Steven Sparks

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hoover

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

16. (a) Informant G. O. Sparks
(b) Address Hillard, Mo.

17. (a) Burial (b) Date thereof June 3, 1948
(If burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 6/8/48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1948 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from May 31, 1948, to June 1, 1948,
that I last saw him im alive on June 1, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy _____

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(a) 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? 0

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

Signature Frank E. Dulle (M. D. or D. O.) MD

Address Poplar Bluff, Mo. Date signed 6/8/48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 648-760

Date Filed 6-14-48

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.....

Philip J. Cassidy, Registered Apprentice No. 108
working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 5859

P. O. Address Poplar Bluff, 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.