

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29977  
Registrar's No. 3891

FILED OCT 1 1948  
Registration District No. 749

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mos. 18 days  
(Specify whether years, months or days) Lifetime  
In this community \_\_\_\_\_

3: (a) PRINT FULL NAME Minnie Sparks  
3: (b) If veteran, name war No 3: (c) Social Security No. none

4. Sex Female 5. Color of race White 6: (a) Single, widowed, married, divorced Widowed  
6: (b) Name of husband or wife unknown 6: (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 2 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Shawnee Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business at Home

12. Name Andrew George

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

14. Maiden name unknown

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

16: (a) Informant Mrs. Julia Heart

(b) Address 3527 Woodland

17: (a) Cremation (b) Date thereof 9-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18: (a) Signature of funeral director R. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19: (a) 9-23-48 M. D. Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3329 Troost  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21  
year 1948 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 3, 1948, to Sept. 21, 1948;  
that I last saw h. er alive on Sept. 21, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Abdominal carcinoma with metastases  
Due to Adeno Carcinoma of fundus uteri

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 485  
Of autopsy None

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 Wm W. Hart (M. D. or other) MD  
Address Med. Dir. G. n'l Hosp. Date signed 9-22-48

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

MOTHER FATHER

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**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 *Robert Ray*.....

Licensed Embalmer No. *4182*.....

P. O. Address *Kansas City 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.**