

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23653
2905

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo.</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1510 Wyandotte</u>				d. STREET ADDRESS (If rural, give location) <u>1510 Wyandotte</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Ellen E Sparks</u>			b. (Middle) _____		c. (Last) <u>Sparks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 3 1949</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED- (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12/16/1885</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Berryville, Ark.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Charles Burks</u>			13b. MOTHER'S MAIDEN NAME <u>Samantha Gentry</u>			14. NAME OF HUSBAND OR WIFE <u>Andrew J. Sparks</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Schoth</u>				ADDRESS <u>9631 Cambridge</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Metastatic Carcinoma</u>						INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES		DUE TO (b) <u>Sarcoid uterus</u>						
				DUE TO (c) <u>Chr Pneumonitis</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>174*</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>April 19 49</u> to <u>July 19 49</u> , that I last saw the deceased alive on <u>7-2</u> , 19 <u>49</u> , and that death occurred at <u>9:45 A.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>J. A. Nigro</u> (Degree or title)				23b. ADDRESS <u>925 Angell</u>		23c. DATE SIGNED <u>7-3-49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/5/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park W. B. Mo.</u>		24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. <u>7-5-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Wagner</u>		ADDRESS <u>209 N. Denmark Ave., Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Alvin R. Haenschel

Signed.....

Student Embalmer

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

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

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