

1938 AUG 23

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24578
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township _____ Primary Registration District No. 3001 Registered No. 129
(c) City Kirksville, Mo. (d) Street No. Grim-Smith Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Keith Eldon Sparks 162

(a) Residence, No. Unionville, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1922
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 1 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Martinstown 0
(STATE OR COUNTRY) Mo. 0

FATHER 13. NAME Murl George Sparks 0
14. BIRTHPLACE (CITY OR TOWN) Putnam County, Mo. 0
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Etta Mabel McCune
16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Putnam County, Mo.

17. INFORMANT Murl George Sparks
(ADDRESS) Unionville, Missouri

18. BURIAL, CREMATION, OR REMOVAL July
PLACE Martinstown, Mo. DATE 1938

19. FUNERAL DIRECTOR (NAME) J. O. Husted & Son
(ADDRESS) Unionville, Mo.

20. FILED July 27, 1938 Spencer L. Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 19 38

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to July 27, 1938
I last saw him alive on July 27, 1938 Death is said to have occurred on the date stated above, at 9:35 A.M.
The principal cause of death and related causes of importance were as follows:

Streptococcic Endocarditis Date of onset 6/15/38

Other contributory causes of importance:
9/10

Name of operation XXXX Date of XXX
What test confirmed diagnosis? Laboratory Where an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XXX Date of injury XX, 19____
Where did injury occur? XXX
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XXX
Nature of injury XXX

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) E. J. Smith, M. D.
(Address) Kirksville, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state amount of care actually supplied.

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,

J. O. Husted & Son

or by

Registered Apprentice No., working under my personal supervision.

Signed

J. O. Husted

Licensed Embalmer No.

2975

P. O. Address

Unionville

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

246-78

Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township Harrisonville Primary Registration District No. 3001 Registered No. _____
(c) City Harrisonville (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Keith Eldon Sparks

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1922
7. AGE YEARS 16 MONTHS 1 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. school boy
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Sept 9 1938 Spencer Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) T. S. Smith, M. D.

(Address) Harrisonville

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. STATEMENT OF OCCURRING IS VERY IMPORTANT.

