

REC'D JAN 18 1939

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

43587
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette Registration District No. 460
(b) Township Higginsville Primary Registration District No. 4274 Registered No. 62
(c) City Higginsville, Mo. (d) Street No. Confederate Home St.
(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 Benjamin Sparlin
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17th, 1828
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
110 1 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Immature
9. Industry or business in which work was done, as saw mill, bank, etc. Conf. Home
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) Neosho, Newton County Mo.
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Grace D. Litzelbauer
Secy. Conf. Home
18. BURIAL, CREMATION, OR REMOVAL PLACE Conf. Home DATE Oct. 10 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. J. Badin
Higginsville, Mo.
20. FILED Jan 2 1939 May Webb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1936, to 1, 1938
I last saw him alive on Oct 8, 1938 Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:
Cardiac failure (Sudden)
Senility (age 110)
Atherosclerosis
Date of onset _____
Other contributory causes of importance:
Fracture Left Femur June 1938 ✓
Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify _____
(Signed) Ernest W. Mearns, M. D.
(Address) Higginsville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X-14028

1826

RECEIVED
District Health Officer No. 8,
Service File Number 114139
Date Filed

April 17, 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ *not embalmed* by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Forest Riehl*

Licensed Embalmer No. *13637*

P. O. Address *Higginsville, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
(b) Township _____ Primary Registration District No. 4274 Registered No. 62
(c) City Higginsville (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 Benjamin Sparlin

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unk

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
110 1 26

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) (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. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1938

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

Cardiac failure
Septic
arterio sclerosis
Date of onset _____
Other contributory causes of importance?
fracture left femur

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? Patient Date of injury Apr 1, 1938

Where did injury occur? Concedatory Home - Higginsville (Specify city or town, county, and State) mo.

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

Manner of injury Patient fell

Nature of injury fracture femur

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

If so, specify _____

(Signed) Ernest H. Moore, M. D.

(Address) Higginsville, Mo

SUPPLEMENT

ROWLEND MOORE
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

