. S. No. 2
—11-10-39
v. 5-17-39
I X21492

11

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

Registration District No. 86

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10306

Primary Registration District No. 5128

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Buchanan,

(b) ~~City or town~~ Rural, Wayne Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1½ Mi. So. of St. Joseph, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 88 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. R.F.D.# 6, St. Joseph, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Susan Sparks, 162

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife John T. Sparks,

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased January 4, 1852
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	2	22	..... hr. ..... min.

9. Birthplace Buchanan County, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Joseph DeVorss,
13. Birthplace Fichoway, Ohio, 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca English,
15. Birthplace Unknown, Ohio, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fannie Akers

(b) Address R.F.D.# 6, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King Hill Cemetery,

18. (a) Signature of funeral director Heaton-Bergel & Bowman Funeral Home

(b) Address 319 So. 10th. Str.

19. (a) Mar 28 (b) O. D. Davis 110
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th.
year 1940 hour 5:00 minute 30 a M.

21. I hereby certify that I attended the deceased from March 15, 1940 to March 26, 1940
that I last saw him alive on 3/26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia acute

Due to

Due to 1070

Other conditions Senility —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. ~~[illegible]~~) 1

Address [illegible] Charles St Joseph Date signed 3/26/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 446 - 430
Date Filed APR 3 RECD

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 Wm. E. Summerfield

Licensed Embalmer No. 3001

P.O. Address 3158 S. St. Joseph 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.