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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 4 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21038

Registration District No. 4 Primary Registration District No. 3001 Registrar's No. 157

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 402 West Pierce Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 64 yr. (Specify whether years, months or days)
In this community 164

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No.: 402 West Pierce
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Dr. Gerald Alfred Sparling

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Mary Ellen Iles Sparling

6. (c) Age of husband or wife if alive: 81 years

7. Birth date of decessed: Jan. (Month) 22 (Day) 1856 (Year)

8. AGE: Years 84 Months 5 Days 21 If less than one day hr. min.

9. Birthplace: St. Marys, Ontario, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation: Physician and Surgeon

11. Industry or business: 2

FATHER
12. Name: John Sparling
13. Birthplace: County, Tipperary, Cork, Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Rachel Enlish
15. Birthplace: Canady West
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. W. T. Reeves
(b) Address: Kirksville Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-23-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Llewellyn Cemt.

18. (a) Signature of funeral director: Dee Riley
(b) Address: Kirksville Mo

19. (a) 6-28-40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 23rd day year 1940 hour 3 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 3, 1940 to June 23, 1940; that I last saw him alive on June 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchio-pneumonia — Duration: 26 days

Due to:

Due to: 1 DTH

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy:

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: W. H. Cravenbaugh (M. D. or other) 1
Address: Kirksville Mo Date signed 6-24-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-40-1439
Date Filed JUL 15 1940

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 Laura Riley, Registered Apprentice No. ..... working under my personal supervision.

Signed Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville 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.