

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **990**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Missouri Methodist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 hours**  
(Specify whether  
In this community **36 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **116 W. Hyde Park**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Duncan P. Sparks**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **487-09-1503**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anah** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **May 9, 1885**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **4** Days **0** If less than one day  
hr. min.

9. Birthplace **Smithville, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Butcher**

11. Industry or business **Armour & Company**

12. Name **Thomas Sparks**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Miller**

15. Birthplace **Landsborough, Alabama**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anah L. Sparks**

(b) Address **116 W. Hyde Park**

17. (a) **Burial** (b) Date thereof **Sept. 12, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **John E. Kupp**

(b) Address **6054 Pryor Ave.**

19. (a) **Sept. 11, 1940** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept 9** day **(month)**  
year **1940** hour **12** minute **45 a.m.**

21. I hereby certify that I attended the deceased from **Sept 8, 1940**  
to **Sept 8, 1940**  
that I last saw him alive on **Sept 8, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstructions** Duration **3 days**  
**acute**

Due to **Carcinoma of Rectum** **1 yr.**

Due to \_\_\_\_\_

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 etiologically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **M. W. Morse** (M. D. or other) **MD**

Address **224 Illinois Ave.** Date signed **9/11/40**

WRITE PLAINLY—USE 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.....

Myself

Registered Apprentice No. ....

working under my personal supervision.

Signed

*John E. Rupp*

Licensed Embalmer No. 3986

P. O. Address

*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.**