FILED JAN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42310

Registration District No. 237 Primary Registration District No. 5823 Registrar's No.

1. PLACE OF DEATH:

(a) County Dade Center Twsp

(b) City or town So. Greenfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town So. Greenfield, Mo. Center.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Sparks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Husband G.S.Sparks

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept. 26, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Adrian Co. Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation House keeping

11. Industry or business

FATHER
12. Name Milton Wammack
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lockey Grider
15. Birthplace Kentuckey.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ina Jenkins
(b) Address Greenfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 40
(Month) (Day) (Year)
(c) Place: burial or cremation Pennsboro Cem.

18. (a) Signature of funeral director J. W. Ward
(b) Address Greenfield Mo

19. (a) Dec 26-40 (Date received local registrar) (b) Geo L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1940 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No 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 J. W. Ward Coroner (M. D. or other)
Address Greenfield Mo Date signed 12-[illegible]

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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RECEIVED
District Health Officer No. 8,
District File Number 1240-3060
Date Filed DEC 27 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.