

2-40  
39  
23159

FILED FEB 17 1941

Registration District No. 4

Primary Registration District No. 4550

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Vandalia  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Vandalia OH  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 1  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years. 0

3. (a) PRINT FULL NAME GEORGE LEE SPARKS

3. (b) If veteran, name war \_\_\_\_\_ 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 NORA SPARKS 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased JUNE 28 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>6</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business \_\_\_\_\_

12. Name ROBERT SPARKS

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

14. Maiden name MARTHA PEARCY

15. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant LESTER SPARKS

(b) Address Vandalia Mo

17. (a) BURIAL (b) Date thereof Jan 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Mo

18. (a) Signature of funeral director W J Bates

(b) Address Vandalia Mo

19. (a) 1/7/41 (b) Miss Alford  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 6  
year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from August  
\_\_\_\_\_, 1940 to Jan 6, 1941;

that I last saw him alive on Jan 6, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration \_\_\_\_\_

Due to Chronic Myo-carditis

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 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? \_\_\_\_\_

9:00 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Phoebe (M. D. or other) \_\_\_\_\_

Address VANDALIA, MO Date signed 1/9/41

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-347

Date Filed FEB 15 1941

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 Tom Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.