

FILED MAR 14 1941  
Registration District No. 6290

Primary Registration District No. 3002

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Andrain  
(b) City or town Mexico Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Andrain Co Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether years, months or days)  
In this community 9 days

3. (a) PRINT FULL NAME JOHN D 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 Adalyn Sparks 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Mar 15 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Montgomery Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Geo Sparks

13. Birthplace Montgomery Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Adalyn

15. Birthplace Montgomery Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Adalyn Sparks

(b) Address Belleflower Mo

17. (a) Reburied (b) Date thereof Feb 21 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery Co

18. (a) Signature of funeral director W. Maylow

(b) Address Montgomery Co Mo

19. (a) Feb 21 1941 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Belleflower (Rural)  
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1941 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 11, 1941, to Feb 21, 1941;

that I last saw him alive on 2-21-41, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Prostate Carcinoma Stomach  
Duration 26 Mo

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

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

Other conditions 518  
(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? 23

While at work? 23 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Frank Jolley (M. D. or other) G. M.

Address Mexico, Mo. Date signed \_\_\_\_\_

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-41-591

Date Filed \_\_\_\_\_

---

---

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: Joseph A. Marler  
Licensed Embalmer No. 3658

P. O. Address Wartman, Pa.

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.