

FILED MAR 25 1941

Registration District No. 386

Primary Registration District No. 5538

Registrar's No. _____

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

1. PLACE OF DEATH: Howell
 (a) County Howell
 (b) City or town Rural Benton Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 75 yrs years, months or days

3. (a) PRINT FULL NAME John Salomon Sparks
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced widower
 6. (b) Name of husband or wife Not known
 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
 7. Birth date of deceased July 13 1857
 (Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 16
 If less than one day _____ hr. _____ min.

9. Birthplace Jamesstown Ky. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
 12. Name Steven Sparks
 13. Birthplace Don't know 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Don't know 9
 15. Birthplace Don't know 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Edd Sparks
 (b) Address Bakersfield, Mo

17. (a) burial (b) Date thereof Feb. 1 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bakersfield, Mo

18. (a) Signature of funeral director Friend 344
 (b) Address _____

19. (a) 1-31-40 (b) Vida W. Simons
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Howell 46
 (c) City or town Rural, Benton 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Bakersfield (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Native born years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
 year 1941 hour 6 minute 35 a M.
 21. I hereby certify that I attended the deceased from Jan 25
 1941, to Jan 31 1941;
 that I last saw him alive on Jan 29 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 8 days

Due to Influenza

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

Duration 8 days
 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?

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature CA Beach MD (M. D. or other) D
 Address Elijah, Mo Date signed 1-31-41

RECEIVED

District Health Officer No. 5,

District File Number 341348

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 _____

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, fact should be so stated above.