

FILED OCT 15 1941

Registration District No. **201**

Primary Registration District No. **53802**

Registrar's No. **88**

1. PLACE OF DEATH:
 (a) County **CLAY**
 (b) City or town **Liberty Mo.**
 (c) Name of hospital or institution: **Liberty Hospital - 0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 weeks**
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME **John T. SPARKS**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

4. Sex **MO** 5. Color or race **w**
 6. (b) Name of husband or wife **Dead**

6. (c) Age of husband or wife if alive years **14** years **1858**
 7. Birth date of deceased (Month) **July** (Day) **14** (Year) **1858**

8. AGE: Years **83** Months **2** Days **8**
 If less than one day hr. min.

9. Birthplace **Fayette MO - 0**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Horse & mule business**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **William Sparks**
 13. Birthplace **Culpepper Co Va 1**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mariah Fry**
 15. Birthplace **Culpepper Co Va 1**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: **James H. Sparks**
 (b) Address **Madison - Okla**

17. (a) **Buried** (b) Date thereof **Sept. 24 - 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Edwood cemetery Ok**

18. (a) Signature of funeral director **Terrace Bell Funeral Home**
 (b) Address **343 Harrison + Liberty Mo**

19. (a) **Sept 23 - 1941** (b) **John E. Epler**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Clay**
 (c) City or town **Liberty 24**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **E Mississippi St 7**
 (rural, give location) **6**
 (e) If foreign born, how long in U. S. A. **no** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **22**
 year **1941** hour **7** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **Sept 8**, 1941, to **Sept 22**, 1941
 that I last saw him alive on **Sept. 22**, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Congestive Heart Failure** Duration **1 week.**

Due to **Chronic Interstitial Nephritis** **1 Month**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **13/10**
 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?

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

23. Signature **Virgil E. Shade** (M. D. or other)
 Address **15 Kansas St** Date signed **9-23-41**

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.

Date Filed 10-13-41
County File Number
District Health Officer No. 8
RECEIVED

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 Victor E. Leminger myself, Registered Apprentice No. 2896
working under my personal supervision.

Signed Victor E. Leminger
Licensed Embalmer No. 2896
P. O. Address Liberty 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.