S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10914

Registration District No. 37

Primary Registration District No. 5521

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Rural Forbes Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 044

(c) City or town Rural Forbes Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME WILLIAM HERBERT SPARKS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Julia Ruth Sparks

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased March (Month) 1 (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
90	0	19	hr. min.

9. Birthplace Palisade (City, town, or county) New York (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

FATHER
12. Name William Sparks
13. Birthplace ..... (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Lawerence
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Sparks
(b) Address Oregon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 22, 1942 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Maple Grove Cemetery

18. (a) Signature of funeral director James H Pittzahn
(b) Address Oregon, Missouri

19. (a) 3-21-42 (Date received local registrar) (b) Pauline Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct, 1937 to March 20, 1942
that I last saw him alive on Sept. 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	4 years
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

93d

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

23. Signature Mo Chandler (M. D. ~~or other~~) 0
Address Oregon, Mo. Date signed 3-21-42

1185 (Licensed Embalmer's Statement on Reverse Side)

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 James H Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon, Missouri

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.