

37850

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 18 1942

Registration District No. 93

Primary Registration District No. 4433

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 day (Hospital)
(Specify whether years, months or days) 60 years

3. (a) PRINT FULL NAME Ella May Sparks

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rev. Sparks 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased April 16 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 19 hr. min.

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

10. Usual occupation at home

11. Industry or business Housework

MOTHER FATHER
12. Name JAMES P. MICHAY
13. Birthplace Jennings Co Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Susie Fichtmaier
15. Birthplace Beaumont Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]
(b) Address Berkshire, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7-1942
(Month) (Day) (Year)

(c) Place: burial or cremation LEMONS, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Unionville, Mo.

19. (a) 11-2-42 (b) [Signature]
(Date received local registrar) (Name of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town LEMONS, Mo
(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.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5
year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-4-42, 19____, to 10-6-42, 19____;
that I last saw her alive on 10-6-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 da.

Due to _____

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address Unionville Mo. Date signed 10/7/42

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

Rev. 5-17-39
11-1-41

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.

RECEIVED

District Health Officer No. 10

District File Number 11-42-2097

NOV 16 1942

File 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 James W Somstock

Licensed Embalmer No. 4197

P. O. Address Unionville 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.