S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1949

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18768

Registration District No. 291 Primary Registration District No. 5989 Registrar's No. 45

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Livonia Grant 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 8 - Mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam
(c) City or town Livonia — 86
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? — No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MURL GEORGE SPARKS
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ETTA SPARKS
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased MARCH 17 — 1903 (Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 21 If less than one day — hr. min.

9. Birthplace Putnam, Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation MERCHANT
11. Industry or business
FATHER
12. Name NOAH SPARKS
13. Birthplace (City, town, or county) Mo. O (State or foreign country)
MOTHER
14. Maiden name SADE CROOKS
15. Birthplace (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant Etta Sparks
(b) Address Livonia Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 12 - 43 (Month) (Day) (Year)
(c) Place: burial or cremation Martinstown
18. (a) Signature of funeral director Husted & Son
(b) Address Unionville Mo
19. (a) 5/20/43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1943 hour 0700 minute P M.
21. I hereby certify that I attended the deceased from May 8, 1943, to May 8, 1943; that I last saw him alive on May 8, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to 94a	
Due to	
Other conditions Enlarged Liver (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. E. Vaughn (M. D. or other) D.O.
Address Lancaster, Mo Date signed 5/12/43

1099 (Licensed Embalmer's Statement on Reverse Side)

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

6
0
0

RECEIVED
District Health Officer No. 10
District File Number 6-43-1055
Date Filed JUN 10 1943

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 Muri E. Hursted

Licensed Embalmer No. 3307

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, fact should be so stated above.