V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19254

FILED MAY 24 1943

Registration District No. 8 [illegible]

Primary Registration District No. 4499

Registrar's No. 26

102
2
0

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

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Furnish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Years (Specify whether years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED: 102

(a) State Missouri (b) County Shelby 2

(c) City or town Shelbina 0
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hugh Pearcy Sparks

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anna Sparks

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Febuary (Month) 6th (Day) 1850 (Year)

8. AGE: Years 93 | Months 1 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Monroe Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired

FATHER
12. Name Robert Sparks
13. Birthplace Madison Co (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Martha Pearcy
15. Birthplace Madison Co (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Arther Sparks
(b) Address St. Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/43 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina Mo.

18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina Mo.

19. (a) April 6-43 (Date received local registrar) (b) Madge Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3
year 1943 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Jany 1, 1939, to Mar 13, 1943
that I last saw him alive on Mar 12, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death rectal Hemorrhage	
Due to prostate which probably by this time carcomi	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

51 b

Major findings:
Of operations none
Of autopsy none

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 J. A. Furnish (M. D. or other)
Address Shelbina Mo Date signed 3-13-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-43-893
Date Filed MAY 21 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 Henry C Barkelew

Licensed Embalmer No. 3835

P. O. Address Shelbina, 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.