

State File No.

FILED FEB 9 1944

Registration District No. 248

Primary Registration District No. 4-5695844

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town "Rural" Seneca 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 23
 (a) State Missouri (b) County Newton
 (c) City or town Seneca
(If outside city or town limits, write "RURAL")
 (d) Street No. 4 mi. E. of Seneca Mo.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Larry Wayne Sparlin

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

4. Sex Male 5. Color or Race white 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 17th 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		6	22	_____ hr. _____ min.

9. Birthplace Seneca Mo Rural
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Hugh Sparlin

13. Birthplace Seneca Mo
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Wood

15. Birthplace Galena Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant X Hugh Sparlin
(b) Address Seneca Mo

17. (a) Burial (b) Date thereof Jan 11 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparlin Cem Seneca

18. (a) Signature of funeral director [Signature]
(b) Address Seneca Mo

19. (a) Feb. 1 - 1944 (b) Mrs Nettie Norris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th
year 1944 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 6
1944 to Jan 9 1944
that I last saw him alive on Jan 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to Branchopneumonia
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations gze!
Of autopsy _____

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)
 23. Signature [Signature] (M. D. or other) DO
Address Seneca Mo. Date signed _____

Duration

2 weeks

3 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

1352

1-10-44

RECEIVED 1-5-44

District Health Officer No. _____

District File Number 144-4

Date Filed 1-7-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.