

FILED NOV 20 1944

Registration District No. 510

Primary Registration District No. 6051
5253

Registrar's No. 149

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles TOWNSHIP RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles
(c) City or town St. Charles RURAL
(If outside city or town limits, write "RURAL")
(d) Street N RFD # 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME James M. Sparks
3. (b) If veteran, name war No
3. (c) Social Security No. None

20. DATE OF DEATH: Month October day 11th
year 1944 hour 8:45 minute P.M.
Coroner's Inquest

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (c) Age of husband or wife if alive _____ years
6. (b) Name of husband or wife Mary Pallardy
7. Birth date of deceased August 12 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____;
Held. Oct. 11 to 1944 _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 82 Months 1 Days 29
If less than one day _____ hr. _____ min.

Duration _____
Burns covering entire body. 10/11/44
Due to _____
Due to _____

9. Birthplace McCoupin Co., Ill.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farming

Major findings: Of operations No.
Of autopsy No.
18/15
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Green Sparks
13. Birthplace Unk.
(City, town, or county) (State or foreign country)
14. Maiden name Unk.
15. Birthplace Unk
(City, town, or county) (State or foreign country)

16. (a) Informant John Sparks

(b) Address R.R. #2 St. Charles Co.

17. (a) Burial (b) Date thereof Oct. 13, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Chas. B. Dallen

(b) Address 861 N 2nd St Charles Mo

19. (a) 10-12-44 (b) Emmet C. Paul
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence October 11th
(c) Where did injury occur? At home St Charles Co. Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? No. (Specify type of place) (e) Means of injury burns

23. Signature Albert Samuels (M. D. or other) J.P.

Address St. Charles Mo Date signed 10/12/44

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

12000

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 11-16-44

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 _____

Was Not Embalmed _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John E. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address 4 Charles 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.