

FILED MAR 12 1945

Registration District No. 271

Primary Registration District No. 493

Registrar's No. 8

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: 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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam 81  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Worthington, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0 no

3. (a) PRINT FULL NAME Sarah Bell Sparks

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2 W.

6. (b) Name of husband or wife Noah Sparks 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 2 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Homework

11. Industry or business \_\_\_\_\_

12. Name George Crooks

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

14. Maiden name Caroline Henry

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

16. (a) Informant A. M. Sparks

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 2-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martinstown Cem

18. (a) Signature of funeral director Husted & Son

(b) Address Unionville, Mo.

19. (a) H. J. ... (b) C. J. ...  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5  
year 1945 hour 5 minute 0 A.M.

21. I hereby certify that I attended the deceased from Jan 28 1945 to Feb 5 1945  
that I last saw him alive on Feb 4 1945  
and that death occurred on the date and hour stated above.

Immediate Cause of death (APOPLECTIC)  
Item: PL 94.17

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 83A  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
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) (e) Means of injury 2

23. Signature G. W. Gillen (M-D; or other) 0.0  
Address Unionville, Mo. Date signed 2-6-45

Duration

8 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1099

RECEIVED

District Health Officer No. 10

District File Num

3-45-464

Date Filed

MAR 8 1945

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

*P. O. Husted*

Licensed Embalmer No.

2975

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.