S. No. 2
M—8-43
. 5-17-39
P 1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

Registration District No. 270

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4322

State File No. 17533

Registrar's No. 31

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Princeton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community all his life

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

3. (a) PRINT FULL NAME Delbert H. Sparks
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Susie Sparks
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Nov. 16, 1863 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Penn. (City, town, or county) (State or foreign country)
10. Usual occupation laborer
11. Industry or business
MOTHER FATHER
12. Name Trulove Sparks
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Calvin Sparks
(b) Address Princeton, Mo.
17. (a) burial (Burial, cremation, or removal), (b) Date thereof May 27, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Farley
18. (a) Signature of funeral director Neil Moss
(b) Address Gallatin Mo
19. (a) 6/29/45 (Date received local registrar) (b) Ivan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 25 day year 1945 hour 12:50 a. minute M.
21. I hereby certify that I attended the deceased from April 30, 1945 to May 25, 1945; that I last saw him alive May 24, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia rt. upper lobe, delayed resolution — Duration: 25 days
Due to Senility
Due to Constant urinary retention requiring repeated catheterization
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None made

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 None
(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 O. S. Bristow (M. D. or other) MD
Address Princeton, Mo Date signed 5/25/45

1367 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 17
District File Number
Date Filed

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Neil Moss

Licensed Embalmer No. 2634

P. O. Address Princeton 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.