No. 2
OM—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21601

Registration District No. 376 Primary Registration District No. 6282 4552 Registrar's No.

1. PLACE OF DEATH:
(a) County ~~Douglas~~ Wright
(b) City or town Mt Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ryan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 7 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Alberta (b) County Canada 114
(c) City or town Hetaskiwin 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Canada

3. (a) PRINT FULL NAME Sparks Mrs E. E.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married divorced married
6. (b) Name of husband ~~or wife~~ E E Sparks
6. (c) Age of husband ~~or wife~~ if alive 65 years
7. Birth date of deceased Nov (Month) 27 (Day) 1873 (Year)

8. AGE: Years 71 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Liberty (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farm Wife
11. Industry or business
FATHER
12. Name James Craven
13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Elizabeth Dilew
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant E. E. Sparks
(b) Address Macomb Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Kansas
18. (a) Signature of funeral director Ella J. Bouldin
(b) Address Norwood Mo
19. (a) June 18-45 (Date received local registrar) (b) Mrs Chas. Cramer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day first year 1945 hour 11 minute 40 P.M.
21. I hereby certify that I attended the deceased from April 27 May, 1945, to May 1, 1945 that I last saw her alive on April 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to 92 l

Due to Gall Bladder

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 L. S. Ney (M. D. or other)
Address Norwood Mo Date signed 5/2 1945

1223 (Licensed Embalmer's Statement on Reverse Side)

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 Ella J. Bouldin

Licensed Embalmer No. 1969

P. O. Address Norwood 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.