S. No. 2
I—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34970

Registration District No. 266 Primary Registration District No. 4536 Registrar's No.

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Potosi (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (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: 110

(a) State Missouri (b) County Washington

(c) City or town Potosi 1 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Luther Sparks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Sparks

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

7. Birth date of deceased Feb. (Month) 23. (Day) 1882 (Year)

8. AGE: Years 63 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Potosi (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business Funeral Director

FATHER
12. Name Abijah Sparks
13. Birthplace Washington Co. (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Forrester
15. Birthplace Washington Co (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Annie Sparks

(b) Address Potosi Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-45 (Month) (Day) (Year)

(c) Place: burial or cremation Potosi Mo.

18. (a) Signature of funeral director Annie Sparks

(b) Address Potosi Mo.

19. (a) 7-23-1945 (Date received local registrar) (b) Jos. L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1945 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from 1940, 19 to , 19 ; that I last saw him alive on July 16, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac Dilation	
Due to following	
Due to Coronary Thrombosis	
Other conditions (Include pregnancy within 3 months of death) and coronary occlusion	
Major findings: Of operations	
Of autopsy 94W	

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 E. F. Cresswell (M. D. or other) 7/23/45

Address Potosi Mo. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1948

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 Elmer Province

Licensed Embalmer No. 3403

P. O. Address Festus 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.