

**FILED JUN 20 1946**

Registration District No. 288

Primary Registration District No. 5969

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town "Rural" Campbell Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 miles east of Dunnegan  
(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:

(a) State Missouri (b) County Polk  
(c) City or town "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles east of Dunnegan  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Arlo I. Sparks

3. (b) If veteran, name war none  
3. (c) Social Security No. 499-07-2837

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Verna Sparks  
6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 2 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 3 8 hr. min.

9. Birthplace Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business.....

12. Name Milburn Sparks

13. Birthplace Iowa  
(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 Mrs Verna Sparks

(b) Address Dunnegan, Mo.

17. (a) burial (b) Date thereof June 15, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Hutcheson-Turpin

(b) Address Bolivar, Mo.

19. (a) June 13-1946 (b) Ralph Gaden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
year 1946 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from May 1  
1946, to June 10, 1946  
that I last saw him alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure  
Duration.....

Due to Coronary occlusion 1 day  
Due to.....

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

Major findings:  
Of operations gtd  
Of autopsy.....  
PHYSICIAN.....  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....

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) (c) Means of injury.....

23. Signature DB McLean (M. D. or other).....  
Address Bolivar, Mo Date signed.....

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

RECEIVED

D

1946

5-46-6.25

6-19-46

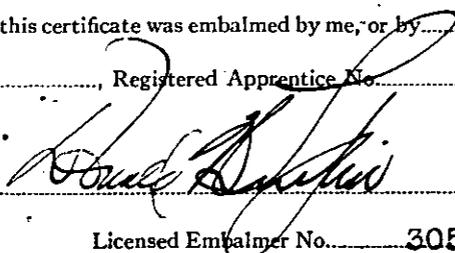
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No..... 3053

P. O. Address..... Bolivar, 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.**