

5. No. 2  
1-8-43  
5-17-39  
X3782

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22439

State File No. ....

FILED Jul 12 1946

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbina  
(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 85 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Shelbina 2  
(If outside city or town limits, write "RURAL")

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

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

If yes, name country: .....

3. (a) PRINT FULL NAME Henry Owen Sparks

(b) If veteran, name war: .....

(c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th  
year 1946 hour 4 minute 40 P..M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife: .....

6. (c) Age of husband or wife if alive 21st years (Day) (Year)

7. Birth date of deceased: August 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JAN 1 1932 to JUNE 13 1946;  
that I last saw h IM alive on JUNE 13 1946;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day'
	<u>86</u>	<u>9</u>	<u>24</u>	hr. _____ min.

Immediate cause of death: Pericardial hemorrhage

Due to: Pericardial hemorrhage

Due to: .....

9. Birthplace Monroe County Mo 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

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

MOTHER FATHER

12. Name Oliver Sparks 0

13. Birthplace Monroe Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Susan A Maddox

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

Major findings: Of operations 0

Of autopsy 0

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs George Mayfield

(b) Address Shelbina Mo

17. (a) Burial (b) Date thereof 6/19/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crooked Creek

18. (a) Signature of funeral director Million & Barkelew  
Shelbina Mo

(b) Address .....

19. (a) July 5-46 (b) Keith James  
(Date received local registrar) (Registrar's signature)

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 2

23. Signature S. L. Simpson (M. D. or other) DO  
Address SHELBYNA Date signed June

307

22-46

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

RECEIVED  
District Health Officer No. 10  
District File Number 7-46-1337  
Date Filed JUL-1-1-1946

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 Henry A. Barkelord  
Licensed Embalmer No. 3835  
P. O. Address Shelbina 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.