

**FILED** JUL 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Henry  
 (b) City or town Clinton Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Owens Nursing Home 4  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 Days (Specify whether  
 In this community 40 years  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Henry 42  
 (c) City or town Rural near Tighthead  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** LEWIS DANIEL SPARKS

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years

7. Birth date of deceased 6-28-1863  
(Month) (Day) (Year)

**8. AGE:** Years 83 ~~82~~ Months 0 Days 6 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name William Sparks  
 13. Birthplace unknown Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name Iskenda Fitzpatrick  
 15. Birthplace unknown Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John Sparks

(b) Address Prigimer Mo

17. (a) Burial (b) Date thereof 7-6-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fabo Cemetery

18. (a) Signature of funeral director Consalust Pelt

(b) Address Clinton Mo

19. (a) 6-6-46 (b) R. M. Kessney  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 4  
 year 1946 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from  
6-27, 1946 to 7-4, 1946  
 that I last saw him alive on 7-4, 1946  
 and that death occurred on the date and hour registered above.

Immediate cause of death Apoplexy  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations None  
 Of autopsy None

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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. C. Decker (M. D. or other) MD

Address Clinton Mo Date signed 7/7/46

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

RECEIVED

District Health Officer No. 71

District No. 6-46-717

Date Filed 7-10-46

**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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address. Clinton 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.**