

STANDARD CERTIFICATE OF DEATH

State File No. 25742

Registrar's No. 49

Registration District No. 101

Primary Registration District No. 5413

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Ava Rural Walls  
(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:

(a) State Missouri (b) County Douglas 34  
(c) City or town Ava Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Star Route 0  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Joseph Sparling

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 0 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 February 2, 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Unknown 7

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Della Remaker

(b) Address Ava, Mo.

17. (a) Burial (b) Date thereof 7-7-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Girdner

18. (a) Signature of funeral director Friends

(b) Address Ava, Missouri

19. (a) Aug. 3-46 (b) Westal Bushman (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1946 hour 3 minute P.M.

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

Immediate cause of death: Died Suddenly, supposedly a Heart attack

Due to

Due to

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

Major findings: Of operations 950

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?

While at work? (Specify type of place) (c) Means of injury 3

23. Signature C.V. Chickering Carol (M.D. or other)

Address Ava, Mo. Date signed 7-12-46

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

MOTHER FATHER

81

RECEIVED

District Health Officer No. 6,

District File Number 946-911

Date Filed SEP 4 - 1946

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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 W. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Arva Ind

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.