. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32617

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Vandalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 102½ E. State 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about forty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Vandalia, Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 102½ E. State 1
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NORA RYAN SPARKS
3. (b) If veteran, name war
Ass't 3. (c) ~~Social Security~~ for Blind No. 60

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife GEORGE LEE SPARKS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 4 (Day) 1869 (Year)

8. AGE: Years 77 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Thomas Ryan 4
13. Birthplace — (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Mary Conley 11
15. Birthplace Unknown (City, town, or county) 1 (State or foreign country)
16. (a) Informant Less Sparks
(b) Address 102½ E. State, Vandalia, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia Cemetery
18. (a) Signature of funeral director William S. Waters
(b) Address Vandalia, Missouri
19. (a) Oct 10 1946 (Date received local registrar) (b) Mallie Fugua (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th
year 1946 hour 4 minute 40 P.M.
21. I hereby certify that I attended the deceased from 1943, to Oct 8th, 1946
that I last saw her alive on Oct 8th, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio renal disease	
Due to hypertension	
Due to arterial sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

1319

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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature Rhee Alford M.D. (M.D. or other)
Address Vandalia, Mo Date signed 10-10-46

6

(Licensed Embalmer's Statement on Reverse Side)

OCT 31 1946

RECEIVED
District Health Officer No. 10
District File Number 10-46-1914
Date OCT 15 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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.