No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1947

Registration District No. 72

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43439

Primary Registration District No. 6289

Registrar's No.

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural 1 Mi. N of Randolph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 mile N. of Randolph
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 59 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

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

(d) Street No. 444 N Leonard 1
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Roy D. Sparks

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary Jane Sparks

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 13 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	9	10	hr. min.

9. Birthplace Paradise ~~Indiana~~ Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name John Irvin Sparks
13. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Belle Scohee
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Jane Sparks

(b) Address 444 N Leonard St Liberty, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery, Liberty Mo

18. (a) Signature of funeral director O J Gardner Jr

(b) Address 119 E. Franklin Liberty Mo

19. (a) 1-18-1947 (Date received local registrar) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1946 hour 5 minute 30 p M.

21. I hereby certify that I attended the deceased from June, 1937 to Dec 23, 1946 that I last saw him alive on Dec 20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	Indeed
Due to: Previous Occlusion	5/1946
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94 A

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Glenn W. Hudson (M. D.) (Teacher)

Address Liberty, Mo Date signed 12/24/46

63

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Filed 1-25-47

MAY 14 1947

FEB 4 1947

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 O. J. Carden Jr

Licensed Embalmer No. 3934

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.