

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5813

Registration District No.

Primary Registration District No. 5984

Registrar's No.

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Martinsburg FLm
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 4 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Evert Pearl Sparks

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

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 29 years
7. Birth date of deceased May 2, 1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation Telegraph Operator

11. Industry or business

12. Name James M. Sparks

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

14. Maiden name Ellen E. Lane

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

16. (a) Informant Ethel D. Barnes

(b) Address Martinsburg Mo.

17. (a) Burial (b) Date thereof Feb 28-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martinsburg Mo.

18. (a) Signature of funeral director Comely Funeral Home

(b) Address Unionville Missouri

19. (a) 3-1-47 (b) Marcell Durbin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1947 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from 1945 to Feb 23, 1947 that I last saw him alive on Dec 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 hour

Due to Cerebral Hemorrhage 20 years ago

Due to High Blood pressure

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [checked] Of autopsy [checked]

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) [checked]
(b) Date of occurrence [checked]
(c) Where did injury occur? [checked]
(d) Did injury occur in or about home, on farm, in industrial place, in public place? [checked]
While at work? [checked] (Specify type of place) (e) Means of injury
23. Signature H. P. Garrison M.D. Date signed 2-24-47

266 (Licensed Embalmer's Statement on Reverse Side)

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

MAR 25 1947

RECEIVED
District Health Officer No. 10
District File Number 3-47-104
Data File
MAR 1 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

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address *Unionville, 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.