

**FILED APR 11 1947**

Registration District No. **64** Primary Registration District No. **5247** Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Chariton**  
(b) City or town **RURAL: Salisbury TWP.**  
(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 **definite** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**  
(c) City or town **Salisbury**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Albert Luther McSparran**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **10** year **1947** hour **2** minute **40** M.  
21. I hereby certify that I attended the deceased from **March 10** 1947 to **3-10** 1947  
that I last saw him alive on **3-10** 1947 and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Mary June McSparran** alive **72** years  
7. Birth date of deceased **7-27-1865** (Month) (Day) (Year)

Immediate cause of death **Cocaine & Long haul**

8. AGE: Years **68** Months **7** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Chariton Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farming**

12. Name **Joseph McSparran**

13. Birthplace **Donk Mo** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Sumner**

15. Birthplace **Donk Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **E.A. McSparran**

(b) Address **Salisbury Mo**

17. (a) **buried** (b) Date thereof **3-16-1947** (Month) (Day) (Year)

(c) Place: burial or cremation **Johnson Cemetery**

18. (a) Signature of funeral director **Paul A. Thompson**

(b) Address **Salisbury Mo**

19. (a) **3/11/47** (Date received local registrar) (b) **E. L. Sparran** (Registrar's signature)

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

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

Other conditions **Large mass in left abdomen** (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **H&E**

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. L. Sparran** (M. D. or other) \_\_\_\_\_

Address **Salisbury Mo** Date signed **3/11/47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-10-47

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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 Mrs. Fred A. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, 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.**