. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8775

FILED APR 1 1947

Registration District No. ____ Primary Registration District No. 4208 Registrar's No. ____

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Cainsville (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 years, months or days) In this community: All Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Harrison
(c) City or town: Cainsville (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 ____

3. (a) PRINT FULL NAME: SHERMAN SPARKS
3. (b) If veteran, name war: None.
3. (c) Social Security No.: None
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 ____ years
7. Birth date of deceased: May (Month) 20 (Day) 1884 (Year)
8. AGE: Years 62 Months 9 Days 16 If less than one day ____ hr. ____ min.
9. Birthplace: Mercer County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business ____
MOTHER FATHER
12. Name: John Sparks
13. Birthplace: North Carolina (City, town, or county) (State or foreign country)
14. Maiden name: Nancy Jane Sexton
15. Birthplace: Indiana (City, town, or county) (State or foreign country)
16. (a) Informant: Lenora Foster
(b) Address: Cainsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 8 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oaklawn Cemetery
18. (a) Signature of funeral director: E. J. Stoklasa
(b) Address: Cainsville, Missouri.
19. (a) Mch-12-47 (Date received local registrar) (b) S. Pha Shaw. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1947 hour 5 minute 45 P.M.
21. I hereby certify that I attended the deceased from August 31, 1946, to March 6, 1947; that I last saw him alive on March 6, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis and myocardial degeneration	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Pernicious anemia (over 1 year)	

Major findings:
Of operations
Of autopsy

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

23. Signature: Alfred C. Taff (Title or degree) D. O.
Address: Cainsville, Missouri. Date signed 3/7/47

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Eddie J. Stoklasa, Registered Apprentice No. ____, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.