

U.S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED JAN 12 1948

Registration District No. 132

Primary Registration District No. 221

Registrar's No. _____

1. PLACE OF DEATH:

(a) County GRUNDY

(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1833 CEDAR ST. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 years (Specify whether years, months or days)

In this community 29 years

3. (a) PRINT FULL NAME MARY MAUD SPARKS

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex F. / 5. Color or race W.

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Willie Sparks

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

7. Birth date of deceased May 25, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER, FATHER

12. Name UNKNOWN YERGIN

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

14. Maiden name UNKNOWN UNKNOWN

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

16. (a) Informant Betty Jo McKeely

(b) Address Quincy, Mo.

17. (a) BURIAL (b) Date thereof Nov. 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy, Mo. K.P. CEMETERY

18. (a) Signature of funeral director Sam Adams

(b) Address Quincy, Mo.

19. (a) 11/23/47 (b) Sam Adams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRUNDY 40

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

(d) Street No. 1833 CEDAR ST. 2
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1947 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from Nov 21
1947 to Nov 21 1947
that I last saw her alive on Nov 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 hrs.

Due to Arteriosclerosis 1 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 94A

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. A. Duffly (M. D. or member)

Address Quincy, Mo. Date signed Nov 21 1947

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

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.....

Walter E. Mayer

working under my personal supervision.

Registered Apprentice No. *458*

Signed

Roger A. Alamo

Licensed Embalmer No. *3424*

P. O. Address *Quinteros 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.