FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 3 1948

Registration District No. 210

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5770

State File No. 23587

Registrar's No. 148

1. PLACE OF DEATH:
(a) County: Mercer
(b) City or town: Madison Twnp/ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no (Specify whether
In this community (years, months or days): all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Mercer
(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

3. (a) PRINT FULL NAME: Isaac Sparks
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Jane Sparks
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: Dec. 9, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	7	0	hr. min.

9. Birthplace: Mercer Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
MOTHER FATHER
12. Name: William Sparks
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Smith
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Cliff Sparks
(b) Address: Princeton, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Ridge
18. (a) Signature of funeral director: Noel Moss
(b) Address: Princeton, Mo
19. (a) 7-19-48 (Date received local registrar) (b) M. J. Ruff (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9 year 1948 hour minute 12:30 M. p
21. I hereby certify that I attended the deceased from Dec 6 1947, 19..., to July 9, 1948
That I last saw him alive on July 8th, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-vascular renal disease, with special reference to the degree of heart involvement.	10 yrs
Due to:	
Due to: Sudden Death while moving from one house to another- probably coronary.	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 0
Of autopsy: None

PHYSICIAN
Underline the cause of 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: [illegible] (M. D. or other) MD
Address: Princeton, Mo Date signed 7/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

6

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 Me

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Earl Moss

Licensed Embalmer No. 2684

P. O. Address Princeton

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.