

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

FILED DEC 14 1948

Registration District No. **394**

Primary Registration District No. **4547**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County **Worth**
(b) City or town **Grant City Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2** (Specify whether years, months or days)
In this community **6 years**

3. (a) PRINT FULL NAME **Katherine Hetz Sparks**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Albert Montgomery Sparks** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Feb 21 1884**
(Month) (Day) (Year)

8. AGE: Years **64** Months **9** Days **0** If less than one day **✓** hr. **✓** min.

9. Birthplace **Wortenberg Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Business Lady & Housewife**

11. Industry or business **Clerk in Wallpaper Store**

12. Name **Christian Hetz**

13. Birthplace **Reiderich Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Katheria Rein**

15. Birthplace **Griebel Tubinger Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert Montgomery Sparks**

(b) Address **Grant City Missouri**

17. (a) **Burial** (b) Date thereof **Nov 24-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grant City Cemetery**

18. (a) Signature of funeral director **John Anderson**

(b) Address **Grant City Missouri**

19. (a) **December 7-1948** (b) **Detlef E. Dawson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Worth**
(c) City or town **Grant City Mo**
(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 **Nov** day **21**
year **48** hour **8** minute **✓** M.

21. I hereby certify that I attended the deceased from **Nov 20**
1948 to **Nov 21**, 19**48**
that I last saw him alive on **Nov 21**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Occlusion** Duration **15 hrs**
Due to **Arteriosclerotic Cardiovascular Disease** Underl.

Due to **93 D**

Other conditions **Exclude pregnancy within 3 months of death**
Major findings: Of operations **93 D**
Of autopsy **93 D**

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 **Frank B. Anderson** (or other)
Address **Grant City Mo** Date signed **11/23/48**

OCT 18 1934

SEP 11 1934

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.....

John Andrews
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

John Andrews
Licensed Embalmer No. *4211*

P. O. Address *Grant City 7*

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.