OCT 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31412
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON 2 Registration District No. 399
(b) Township KAW Primary Registration District No. 1002 Registered No. 3510
(c) City KANSAS CITY 1 (d) Street No. 1209 EAST-45TH St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 16 U MRS MARY SUSAN HUNT SPROUL
(a) Residence, No. 1209-EAST-45TH St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF RICHARD BRENT SPROUL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY-23-1845

7. AGE: YEARS 94 | MONTHS 1 | DAYS 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KORTWRIGHT NEW YORK

FATHER
13. NAME HIRAM HUNT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

MOTHER
15. MAIDEN NAME RUTH GILBERT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

17. INFORMANT MRS M. L. KEEVER
(ADDRESS) 1209-EAST-45TH STREET

18. BURIAL, CREMATION, OR REMOVAL
PLACE BURLINGTON, KANSAS DATE SEPT-8 1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Sept 7 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER-5 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-30 1931, to 9-5 1939.
I last saw h. alive on 8/29 1939. Death is said to have occurred on the date stated above, at 1:15P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
9 yr	

Other contributory causes of importance:
Arteriosclerosis

Name of operation — Date of —
What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James R. [illegible], M. D.
(Address) 8 [illegible] Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

BOM-1-12-38 I X14029

814 Medical Arts Bldg
2-5

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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, above space should be left blank.