

FILED JUL 13 1942

State File No.

Registration District No. 408

Primary Registration District No. 5563

Registrar's No. 136

49
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper Rural-Jackson Twp

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

(c) Name of hospital or institution:
Cartlage County, Room 5
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Reeds
(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 Mrs. Addie Condon Sprouse

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

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

6. (b) Name of husband or wife Morris Sprouse 6. (c) Age of husband or wife if alive 21 years (Month) (Day) (Year)

7. Birth date of deceased Mar 21 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Albion Mercer Co Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.....

12. Name Rev J. L. Condon

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jimm Whittaker
(b) Address Sarouie, Mo

17. (a) Burial (b) Date thereof June 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reeds Cemetery

18. (a) Signature of funeral director Max Foslett
(b) Address Sarouie, Mo

19. (a) July 2, 1942 (b) Elizabeth Complin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26 year 1942 hour..... minute 10:40 P.M.

21. I hereby certify that I attended the deceased from 1-1-40 19..... to 3-26 19 49
that I last saw h. o.y. alive on 3-22 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Auteroum

Due to Chronic nephritis Auteroum

Due to.....

Other conditions Senile Dementia Auteroum
(Include pregnancy within 3 months of death)

Major findings: Of operations..... 1318

Of autopsy.....

Duration

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?.....

White at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W. J. McHenry M. D. or other.....
Address 304 Grant, Cartlage Mo Date signed 7-2-42

42.6568

George M. ...

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..... Max L. Fossett
Licensed Embalmer No..... 4252
P. O. Address..... Sarco, 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.