

JUN 11 1943  
Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 102

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

1. PLACE OF DEATH:  
 (a) County MONROE  
 (b) City or town PARIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
W LOCUST ST.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 43 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County MONROE  
 (c) City or town PARIS  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. W. LOCUST ST.  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country ✓

3. (a) PRINT FULL NAME ALICE V. SPROLL

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

4. Sex FEMALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife JAS. T. SPROLL  
 6. (c) Age of husband or wife if alive ✓ years  
 7. Birth date of deceased OCT. 20, 1867  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>8</u>	hr. min.

9. Birthplace Mo. 0  
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER  
 12. Name ROBT. S. JEFFRIES  
 13. Birthplace N.K. 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name LUCINDA BROWNING  
 15. Birthplace MONROE CO MO 0  
 (City, town or county) (State or foreign country)

16. (a) Informant R.A. Shovel  
 (b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof (Month) (Day) (Year)  
 (c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed Blakey  
 (b) Address PARIS, MO

19. (a) 5-29-43 (b) Kathryn Oran  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28  
 year 1943 hour 2 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from May 28  
28 1943 to May 28 1943  
 that I last saw h..... alive on..... 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
 Duration 30 min

Due to.....  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death) g30

Major findings:  
 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) Means of injury.....  
 23. Signature [Signature] (M. D. certificate)  
 Address [Signature] Date signed 5-29-43

RECEIVED

District Health Officer No. 10

District File Number 6-4-3-1024

Date Filed JUN 9 1943

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.....

*A. Blakely*

Licensed Embalmer No. 2616

P. O. Address: Paris, 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.