No. 2
-9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11191

State File No.

Registration District No. 130

Primary Registration District No. 5572

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lees Sum Prairie Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Emergency Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 2 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Lees Summit Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #2 Longview Farm
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Grace McCook Sproul

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 Ernest L. Sproul

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 1 April (Month) 12 (Day) 1881 (Year)

8. AGE: Years 62 Months 10 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Linn Co (City, town, or county) Kan. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name James Crozier
13. Birthplace — (City, town, or county) Ny 1 (State or foreign country)

MOTHER
14. Maiden name Hanna Harford
15. Birthplace — (City, town, or county) Pa 1 (State or foreign country)

16. (a) Informant Ernest L Sproul

(b) Address Lees Summit Mo RR 2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 11-44 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Mound, Kans.

18. (a) Signature of funeral director N. B. Langford

(b) Address Lees Summit Mo

19. (a) Feb. 11, 1944 (Date received local registrar) (b) F. W. Schick by Ellie Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1944 hour 6 minute 45 a M.

21. I hereby certify that I attended the deceased from Cancer, 19..., that I last saw h..... alive on ....., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature C. J. Scott 3 2/6/44 (M.D. or other)

Address Lees Summit Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 N. B. Langford

Licensed Embalmer No. 2233

P. O. Address Lees Summit

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.