V. S. No. 2
50M—1-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24728

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 596

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burger-Connelly Rest Home (If not in hospital or institution, write street number or location) 1030 Cherry
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 0
In this community 74 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No. 1068 N. Clay (If rural, give location) 6
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ella Sprague
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Sprague
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased April (Month) 12 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
74	3	4	hr. min.

9. Birthplace Springfield (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Retired Housewife
11. Industry or business
FATHER
12. Name Ruben B. Griswold
13. Birthplace Unk. (City, town, or county) New Jersey (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unk. (State or foreign country) 9
16. (a) Informant Miss Eula Sprague
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cem.
18. (a) Signature of funeral director H.H. Lohmeyer Fun. Home
(b) Address Springfield Mo.
19. (a) 7-18-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1944 hour 8 AM minute M.
21. I hereby certify that I attended the deceased from Jan 20, 1944, to May 28, 1944 that I last saw her alive on May 28, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	
Due to Hemiplegia - Paralysis	11 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Charles R George (M. D. or other)
Address Medical Arts Bldg. Date signed 7-18-44 Spfd. Mo.

984 (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 L. Doolin Forman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.