

FILED DEC 9 1944
199

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1315 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
In this community 30 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1315 Charlotte 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary E. Sprague

3. (b) If veteran, name war No.

3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ralph E. Sprague 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased 8 1 1886-1885
(Month) (Day) (Year)

8. AGE: Years 59-58 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Shelbina Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name J.C. Weahlers
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Mattie A. Lear
15. Birthplace Palmyra Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph E. Sprague
(b) Address 1315 Charlotte

17. (a) Burial (b) Date thereof 11-27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918-920 Brooklyn

19. (a) 11-27-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th
year 1944 hour 5 minute 20 p.m.

21. I hereby certify that I attended the deceased from Deputy Coroner 19____

that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary arterial disease
Due to _____

Due to _____
Other conditions 94a
(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? _____

While at work _____ (Specify type of fire) (a) Means of injury _____
23. Signature D. E. Brown (M. D. or other) MD
Address 23rd & McCay Date signed 11/25/44

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

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

J. W. Henrich

Licensed Embalmer No. *3599*

P. O. Address *J. 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, fact should be so stated above.