

FILED JAN 11 1948

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 138

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 4 months

3. (a) PRINT FULL NAME FRED - SPRAGUE.

3. (b) If veteran, name war 1st World War.

3. (c) Social Security No. NO.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia C Sprague.

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb - 12 - 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>9</u>	<u>21</u>	<input checked="" type="checkbox"/> hr. <input checked="" type="checkbox"/> min.

9. Birthplace Concordia Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

12. Name George Sprague

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Concordia Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Sprague

(b) Address Pilot Grove Mo

17. (a) Burial (b) Date thereof 12-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelson Mo

18. (a) Signature of funeral director Ways & Painter

(b) Address Pilot Grove Mo

19. (a) Dec 4, 1945 (b) Clay Marra
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Pilot Grove
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 3rd, year 1945, at 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 27 1945 to Dec 3 1945, that I last saw him alive on Dec 2 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 wks

Due to Nephritis, acute tubular 2 wks

Due to Cortic arteriosclerosis, Syphilitic 20 yrs

Atherosclerosis 20 yrs

Coronary Arteriosclerosis 5 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: None

Of operations _____

Of autopsy See above, 120

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) (e) Means of injury _____

23. Signature Heptium (M. D. or other) O M.D

Address Boonville, Mo Date signed 12/4/45

1639

1-9-46

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 myself

working under my personal supervision. _____, Registered Apprentice No. _____

Signed Peyton E Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove 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.