

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. **5439**

Registration District No. 189 Primary Registration District No. 10.0.2

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

100-00

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:  
508 Main  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Eldred Sporman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex male 5. Color or race col

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) 1900 (Year)

8. AGE: Years 45 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Willie Sporman

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

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant B. L. Husham

(b) Address 2304 Vine St

17. (a) Cremation (Burial, cremation, or removal)

(b) Date thereof Dec 31 '45 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

(c) Place: burial or cremation University of Kansas

18. (a) Signature of funeral director Thelma Burt

(b) Address 2304 Vine St

19. (a) 12-29-45 (Date received local registrar)

(b) Thelma Burt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL.")

(d) Street No. 508 Main  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16  
year 1945 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Froze to death

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 190-8  
Of operations 40

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) Accident

(b) Date of occurrence 12-16-45

(c) Where did injury occur? N. C. Jackson Mo. (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - 508 Main St.  
(Specify type of place) \_\_\_\_\_

While at work? No (Specify type of place) \_\_\_\_\_

23. Signature W. J. Williams (M. D. or other) \_\_\_\_\_  
Address 2636 - Brooklyn Date signed 12-20-45

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**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 B. L. Graham

Licensed Embalmer No. 2540

P. O. Address. 2304 Kinsol

**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.**