

S. No. 2
M-5-43
5-17-39
I X36871

FILED JUN 10 1946
Registration District No. 42

Primary Registration District No. 5124

Registrar's No. 584

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Bloomington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles So. DeKalb, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Alberta Sprake
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Albert D. Sprake
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 6 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 10 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Amis K. Jones
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Peabody
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Sprake
(b) Address DeKalb, Mo.

17. (a) burial (b) Date thereof 5/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cem. DeKalb, Mo.

18. (a) Signature of funeral director Hester Betler & Bowman
(b) Address St. Joseph, Mo.

19. (a) May 20 1946 (b) A. Westlawn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural Bloomington
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles So. DeKalb, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month May day 16th
year 1946 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from viewed
May 17th 1946, to _____, 19____.
that I last saw him alive on _____, 19____.
and that death occurred injuries received
Immediate cause of death _____ Duration _____

when Auto in which she was riding
Collided with an another Auto
Due to _____
Due to _____

Other conditions none
(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) Accident
(b) Date of occurrence May 16th 1946
(c) Where did injury occur? Rural Buchanan County
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? no (Specify type of place) (e) Means of injury Auto
23. Signature B. W. Tadlock Coroner 2
(M. D. or other) Address King Hill Bldg Date signed 5/17/46

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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 _____

Eugene Wood

Licensed Embalmer No. _____

3804

P. O. Address _____

319 S 10th St. Grand, M

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.