. S. No. 2
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27522

State File No.

Registration District No. 156 Primary Registration District No. 2001 B 581 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: RR#1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. RR#1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Lester Sprowls

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife R Violet Sprowls

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

7. Birth date of deceased September 19, 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Washington Co., Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Owner of Sprowls Bag Co.

11. Industry or business

FATHER
12. Name Henry Sprowls
13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Wallace
15. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Violet Sprowls
(b) Address Joplin, Mo. RR#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-46
(Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 7-9-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1946 hour 1 minute 15 A M.

21. I hereby certify that I attended the deceased from 1-21- 1946 to 7-6 1946
that I last saw him alive on 6-27 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
Due to Arteriosclerosis & Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
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 W S Loorland (M. D. or other)

Address Joplin Mo Date signed 7/8/46

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(Licensed Embalmer's Statement on Reverse Side)

46-7-647

APR 20 1950

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.