

No. 2
5-43
5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24514**
Registrar's No. **214**

Registration District No. **146** Primary Registration District No. **5568**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Independence** *IC.*
(c) Name of hospital or institution:
residence 118 N. Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Independence** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **118 S. Northern** **0**
(If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **WILLIAM P. SPRADLEY**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**
4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife **Mary A. Spradley** 6. (c) Age of husband or wife if alive **deceased** years
7. Birth date of deceased **Jan. 6, 1867**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **11**
year **1947** hour **11:15** minute **P** M.
21. I hereby certify that I attended the deceased from **July 11, 1947** to **July 11, 1947**, that I last saw him alive on **July 10, 1947** and that death occurred on the date and hour stated above.
Immediate cause of death: **Lobar Pneumonia** **5 days**

8. AGE: Years **80** Months **6** Days **5** If less than one day hr. min.

Due to **arterial hypertension** **4 years**
Due to **arterio sclerosis, skull** **4 yrs**
Other conditions: **Partial Paralysis**
(Include pregnancy within 3 months of death)

9. Birthplace **unknown, Illinois** (City, town, or county) (State or foreign country)
10. Usual occupation **Retired Carpenter**
11. Industry or business
12. Name **Jesse B. Spradley**
13. Birthplace **unknown, Alabama** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Ann Bozer**
15. Birthplace **unknown, Ills.** (City, town, or county) (State or foreign country)

Major findings: Of operations **108**
Of autopsy **108**
PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant **William J. Spradley**
(b) Address **132 S. High**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7 15 47** (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Zion, Am.**
18. (a) Signature of funeral director **Geo. C. Carson** Funeral Independence Mo. Home
(b) Address
19. (a) **7-15-47** (Date received local registrar) (b) **Paul Bozer** (Registrar's signature) **2511**

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) Means of injury **0**
23. Signature **Walter Hub** (M. D. or other) **Paul Bozer**
Address **Kennett, Mo.** Date signed **7/14/47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Harlow H. Meyer....., Registered Apprentice No. *506*
working under my personal supervision.

Signed *John Pasley*.....

Licensed Embalmer No. *4308*

P. O. Address *2 Maple Avenue*

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.



OFFICE OF
JAMES S. CRAIG
CITY CLERK

THE CITY OF INDEPENDENCE, MISSOURI

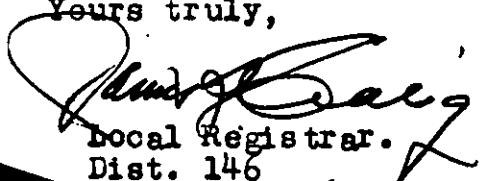
July 25, 1947

Division of Health
Jefferson City, Mo.

Gentlemen:-

Death certificate No 214 of
William P. Spradley under No 1
(c) should read "At residence
No. 118 Northern Blvd, Kansas
City, Mo." The primary regis-
tration No. 5568 is correct, same
being in rural Jackson County.

Yours truly,


Local Registrar.
Dist. 146

24514