REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1203
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 1
Primary Registration District No. —
Registered No. 216
(d) Street No. 1206 E. 13th 2nd fl. W. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Spruiel
(a) Residence, No. 1206 E 13th, 2nd fl W St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Callie Spruiel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1887
7. AGE YEARS 52 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as saw mill, bank, etc. Packing House
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Arkansas

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Emma Yarber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Callie Spruiel 1206 E. 13th
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Jan 17 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Bros 1729 Lydia
20. FILED Jan 17, 1939 M. M. Chowe, ass't Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1939.
22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1938, to Jan 14th, 1939
I last saw him alive on Jan 14, 1939. Death is said to have occurred on the date stated above at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1938
92a	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) L. B. Guggenheim M.D.
(Address) 2202 1/2 E 18th

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ...
D. B. Hutkins, or by .....

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

Signed D. B. Hutkins

Licensed Embalmer No. 2889

P. O. Address 1729 Ly dia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.