

FILED OCT 24 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3967

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME John Sprank
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Divorced
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) (Year)

8. AGE: Years About 70 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Chicken Picker

11. Industry or business _____

MOTHER FATHER { 12. Name John Sprank
13. Birthplace Missouri (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 John Nebel
(b) Address Kansas City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 3rd 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton Missouri

18. (a) Signature of funeral director Consalus & Peck
(b) Address Clinton Missouri

19. (a) 10-3-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 217 Admiral
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1944 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from Sept. 25, 1944, to Sept. 30, 1944
that I last saw him alive on Sept. 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchogenic Ca. with pulmonary atelectasis

Due to _____

Due to 47 C

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
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) (e) Means of injury 0
23. Signature A. E. Warner (M. D. or other) 10-2-44
Address Med. Dir. Gen'l Hosp. Date signed _____

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

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address. 1800 Linwood

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.