S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1766

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1315 North 2nd (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1315 North 2nd (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Brunetta T. Sproatt
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 Charles T. Sproatt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 19 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	11	26	hr. min.

9. Birthplace Oaktown (City, town, or county) Indiana (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Tarwater
13. Birthplace Oaktown (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Ellen Hall
15. Birthplace Oaktown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Mrs. Claude Ritchey
(b) Address 1315 North 2nd
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Heaton BeVole & Bowman
(b) Address 319 So. 10th
19. (a) 1/16/45 (Date received local registrar) (b) Helen J. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1945 hour 6 minute 20 A.M.
21. I hereby certify that I attended the deceased from Jan 1st 1939, to Jan 15th 1945; that I last saw her alive on Jan 14 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma, Rt. breast	5 yrs
Due to Metastases	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 60	
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 Leroi Beck M.D. (M. D. or other)
Address King Hill Bldg St. Joseph, Mo Date signed 1/15/45

1371 (Licensed Embalmer's Statement on Reverse Side)

Dr. Leroi Bear
King Hill Bldg.

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. Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.