. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40279

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5279

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: 1239 Belmont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 1 yr
In this community: 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 1239 Belmont (If rural, give location)
(e) Citizen of foreign country? (Yes or No): No
If yes, name country:

3. (a) PRINT FULL NAME: COLONEL J SPRUELL
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: 500-09-285
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edna May Spruell
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: Dec (Month) 18 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
56	0	1	hr. min.

9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Coal miner
11. Industry or business: Sidney Spruell
12. Name: [illegible]
13. Birthplace: Amanda (City, town, or county) (State or foreign country)
14. Maiden name: Edna May Owens
15. Birthplace: [illegible] (City, town, or county) (State or foreign country)
16. (a) Informant: Edna May Spruell
(b) Address: 1239 Belmont
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/24/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Westport Park
18. (a) Signature of funeral director: O. C. Samuelson
(b) Address: 3623 Roberts
19. (a) 12-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19th year 1945 hour 6 minute P M.
21. I hereby certify that I attended the deceased from Dec 19th, 1945 to Dec 19, 1945 that I last saw him alive on Dec 19th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Bronchopneumonia	
Due to	
Due to Bronchial Asthma	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 107
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: —
(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: L. O. Brown (M. D. or other)
Address: 2419-15th St Date signed: 12-20-45

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1946

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 Oscar L. Samuelson

Licensed Embalmer No. 4401

P. O. Address Kansas City 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No. 5279

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 5th day of January, 1946, before me appears Edna May Sprnell, who, upon her oath, states that the original record of ~~birth~~ death for Colonel G. Sprnell, ~~born~~ died December 19, 1945, in the State of Missouri, and which was filed at K. C., Mo. on 12-21-1945, should be corrected as follows:

Item No. 6c should read 43 yrs
Instead of 54 yrs

Item No. 12 should read Sidney Sprnell
Instead of

Item No. 14 should read Amanda - unknown
Instead of Edna May Owens

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Edna May Sprnell
Informant Relationship.

1239 Belmont K.C. Mo.
Present Address.

Subscribed and sworn to before me this 5th day of Jan., 1946

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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