

FILED JUN 10 1946  
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 576

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:  
103 Century Apartments  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not  
(Specify whether years, months or days) 57 years

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. 103 Century Apartments  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Quarles Sprague

3. (b) If veteran, name war No

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 Hugh A. Sprague

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 22 1872  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th  
year 1946 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Apr. 26, 1946, to May 8, 1946, that I last saw her alive on 8 May, 1946 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death metastases generalized  
Carcinoma Bladder

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration 1 year

9. Birthplace Gordonville Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 52k

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Charles Quarles

13. Birthplace Charlottesville Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Victoria Alice Johnson

15. Birthplace Charlottesville Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd M. Sprague

(b) Address FCorby Bldg., St. Joseph, Missouri

17. (a) Burial (b) Date thereof 5/10/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) May 20, 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 25 Charles St. Date signed May 1946

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

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(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

DEC 3 1946

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**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 Albert R. Harrington  
Licensed Embalmer No. 3258 Missouri.  
P. O. Address St. Joseph, Missouri.

**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.**