. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

29303

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1946

State File No. 30469

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4112

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: 1426 Charlotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community several years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1426 Charlotte 8
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Daisy May Sprinkel

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ray Sprinkel

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

7. Birth date of deceased April (Month) 26 (Day) 1903 (Year)

8. AGE: Years 43 Months ~~4~~5 Days ~~27~~1 If less than one day ..... hr. ..... min.

9. Birthplace Richmond (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Alexander Clay
13. Birthplace Blackwell Co. (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Zue Irene Moore
15. Birthplace Scranton (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Virginia Kindler
(b) Address 1426 Charlotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo

18. (a) Signature of funeral director E Thurman
(b) Address Richmond Mo.

19. (a) 9-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th year 46 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from July, 1945, to Sept 27, 1946; that I last saw her alive on Sept 27, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Arteriosclerosis	3 yrs
Due to Diabetes Melitis	7 yrs
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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 D

23. Signature Gilbert Hartman (M.D. or other) D.O.
Address 6045 East 15th Date signed 9-27-46

(Licensed Embalmer's Statement on Reverse Side)

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 E. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond 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.