

FILED DEC 4 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4844

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **7 DAYS**
49 YRS. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State... **MISSOURI** (b) County... **JACKSON**

(c) City or town... **KANSAS CITY**
(If outside city or town limits, write "RURAL")

(d) Street No... **1714 E. 10th St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME... **OLLIE SPRANGLES**

3. (b) If veteran, name war... **No**

3. (c) Social Security No... **510-07-9854**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **16**, year **1946** hour **8:** minute **55 A.** M.

21. I hereby certify that I attended the deceased from **NOVEMBER 9**, 19**46**, to **NOVEMBER 16**, 19**46**, that I last saw h **IM** alive on **NOVEMBER 16**, 19**46**, and that death occurred on the date and hour stated above.

4. Sex... **MALE** 2

5. Color or race... **NEGRO**

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

6. (b) Name of husband or wife... **Laura Sprangles**

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

7. Birth date of deceased... **JUNE 6**, 18**96**
(Month) (Day) (Year)

Immediate cause of death... **UREMIA**

Duration

8. AGE: Years Months Days If less than one day

50	5	10	hr. min.
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Due to... **HYDRONEPHROSIS AND HYDROURETERS**

Due to... **URETHRAL STRICTURE**

9. Birthplace... **BLACKBURN MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation... **COMMON LABORER**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations... **136a**

Of autopsy... **SAME AS ABOVE**

11. Industry or business

12. Name... **JAMES SPRANGLES**

13. Birthplace... **MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name... **MARY MONHOLLAND**

15. Birthplace... **MISSOURI**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant... **MOLLIE MONHOLLAND (SISTER)**

(b) Address... **2448 FLORA**

17. (c) Burial... (b) Date thereof... **11/20/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Lincoln Cemetery**

18. (a) Signature of funeral director... *Washing Bear*

(b) Address... *1729 Lydia Avenue*

19. (a) **11-18-46** (b) *W. Spradling Holmes*
(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) (c) Means of injury... **0**

23. Signature... *W. Spradling Holmes* (M. D. or other) **M.D.**
Address... **GENERAL HOSPITAL NO. 2** Date signed... **11/18/46**

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.....

J. Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.