

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 124

Primary Registration District No. 4070

Registrar's No. 19

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Jackson, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME MOLLIE SPERLING 164  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Herman Sperling 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased: July 8 1880  
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Perry County - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Fritz Seibert  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sachse  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herman Sperling  
(b) Address Jackson, Mo.  
17. (a) Burial (b) Date thereof 5/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Russell Heights  
18. (a) Signature of funeral director McComb Funeral Home  
(b) Address Jackson, Mo.  
19. (a) 5-29-40 (b) D. K. Stuber  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town Jackson  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 28  
year 1940 hour 11 minute 4 A.M.  
21. I hereby certify that I attended the deceased from Jan 1, 1939, to May 28, 1940  
that I last saw her alive on May 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Pectus Duration 5 yrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma Pectus  
Of operations \_\_\_\_\_  
Of autopsy no  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2  
23. Signature J. S. DeBorja (M. D. or other) \_\_\_\_\_  
Address Jackson Mo Date signed 6-28-40

**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 Thos K. Allen

Licensed Embalmer No. 40555

P. O. Address Jackson, Miss

**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, above space should be left blank.**