

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 238

Primary Registration District No. 4145

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Lockwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community over fifty years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade

(c) City or town Lockwood Mo
(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.? 0 years.

3. (a) PRINT FULL NAME Martha N. Sperry

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13
year 1941 hour one minute 0 A.M.

4. Sex F 5. Color White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife J. J. Sperry 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 23 1847
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-5, 1941, to 3-12, 1941;
that I last saw her alive on 3-12, 1941,
and that death occurred on the date and hour stated above.

8. AGE: Years 93 Months 7 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Salem, Ill. _____
(City, town, or county) (State or foreign country)

Immediate cause of death Hypostatic pneumonia

Due to Fractured hip!

Due to _____

10. Usual occupation none

11. Industry or business _____

12. Name James Kell

13. Birthplace Va. _____
(City, town, or county) (State or foreign country)

14. Maiden name Ann Simpson

15. Birthplace Va. _____
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant Anna Sperry

(b) Address Lockwood Mo

17. (a) Lockwood (b) Date thereof Mar 14 1941
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lockwood Mo.

18. (a) Signature of funeral director Jay Caldwell

(b) Address Lockwood Mo

19. (a) 4-11-41 (b) J. Warren 215
(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 0 29

(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 0

23. Signature J. D. Combs (M. D. or other) _____
Address Lockwood Mo Date signed 3-13-41

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

9
0
0

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

145
99

RECEIVED

District Health Officer No. 6,

District File Number 741-1234

Date Filed JUL 15 1941

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

working under my personal supervision.

Registered Apprentice No.

Signed

E. J. Caldwell

Licensed Embalmer No.

3380

P. O. Address

Lockwood 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.

Registration District No. 238

Primary Registration District No. 4145

Registrar's No.

1. PLACE OF DEATH:

(a) County Wade
(b) City or town Lockwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Marthea M. Sperry
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced, wid
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. year
7. Birth date of deceased. (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19 that last saw h alive on and that death occurred on the date and hour stated above.

(Immediate cause of death) Hypostatic pneumonia Duration

Due to Fractured hip

Due to 186 W 10

Other condition (Include pregnancy within 3 months of death)

fell at fire home 9 days before date of death

Of operations

Of autopsy

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

23. Signature T. D. Combs (M. D. or other) Address Lockwood Mo Date signed 8-1-24

SUPPLEMENTARY

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

Lockwood jwo

