

FILED SEP 15 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28057

State File No.

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 1839

## 1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town Doniphan Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1

(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) 46 yr

## 3. (a) PRINT FULL NAME

FRED B. SPERRY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mary Sperry 6. (c) Age of husband or wife if alive 78 years7. Birth date of deceased March 23, 1861  
(Month) (Day) (Year)8. AGE: Years 81 Months 3 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Calden Ill  
(City, town, or county) (State or foreign country)10. Usual occupation Baker

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

12. Name J. M. Sperry13. Birthplace unknown  
(City, town, or county) (State or foreign country)14. Maiden name Margaret Phillips15. Birthplace unknown  
(City, town, or county) (State or foreign country)16. (a) Informant J. F. Sperry(b) Address Flat Ricks Mo.17. (a) Buried (b) Date thereof 7-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Ridge Cent.18. (a) Signature of funeral director Locke Mortuary(b) Address Doniphan Mo.19. (a) 7/11/42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91  
(c) City or town Doniphan Mo. 1  
(If outside city or town limits, write "RURAL") 1

(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 June day 30  
year 1942 hour 1 minute 15 P.M.21. I hereby certify that I attended the deceased from June 27, 1942 to June 30, 1942  
that I last saw him alive on June 27, 1942  
and that death occurred on the date and hour stated above.Immediate cause of death Uremia Duration \_\_\_\_\_Due to arteriosclerosis

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
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 [Signature] (M. D. or other) \_\_\_\_\_Address Doniphan, Mo. Date signed 7-8-42

RECEIVED

District Health Officer No. 5,

District File Number 942825

Date Filed 9-14-42

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 Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning Ar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

o. 2B  
21-41  
X29288

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28057  
Registrar's No. 1839

Registration District No. 30

Primary Registration District No. 4400

1. PLACE OF DEATH:

(a) County Repley  
(b) City or town Doniphan  
(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..... (Specify whether  
years, months or days)

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.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis  
arterio sclerosis  
Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings.....  
Of operations.....  
Of autopsy.....

Duration

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.....

23. Signature J. J. Hickman (M. D. or other).....  
Address Doniphan Date signed 10/1/42

3. (a) PRINT FULL NAME Fred B. Spear

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex: M 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 11 (If less than one day) min.

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

10. Usual occupation.....

11. Industry of 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) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

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

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

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

SUPPLEMENTARY

