S. No. 2
—1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6390

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 104

1. PLACE OF DEATH: GREENE

(a) County

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

(c) Name of hospital or institution: 1106 W. FLORIDA 1 ST.
(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)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State MO. (b) County GREENE 2

(c) City or town SPRINGFIELD 6
(If outside city or town limits, write "RURAL")

(d) Street No. 110 b W. FLORIDA ST.
(If rural, give location)

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

If yes name country ✓ 0

3. (a) PRINT FULL NAME EDITH SPERRY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased APRIL (Month) 19 (Day) 1890 (Year)

8. AGE: Years 52 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation at home

11. Industry or business House work

FATHER
12. Name JASPER N. SPERRY
13. Birthplace Unknown (City, town, or county) UNKNOWN 9 (State or foreign country)

MOTHER
14. Maiden name RUTH E. RATCLIFF
15. Birthplace Unknown (City, town, or county) UNKNOWN 9 (State or foreign country)

16. (a) Informant Harold E. Sperry
(b) Address Springfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J. W. Kingner & Co.
(b) Address Springfield Mo

19. (a) 2-5-43 (Date received local registrar) (b) J. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 3
year 1943 hour dont know minute M.

21. I hereby certify that I attended the deceased from 1-26-, 1943 to 2-3-, 1943
that I last saw her alive on 1-26-, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Heart failure	Sudden death
Due to Chronic Myocarditis	18 mo
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. E. Feller O (M. D. ~~or other~~)
Address Springfield Mo Date signed 2/4/43

924

(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 J. B. Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield, 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.