

FILED MAY 10 1945

Primary Registration District No. SV-43

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Rural, Booneslick Twp
(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 All his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Howard

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

(d) Street No. -----
(If rural, give location)

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

If yes, name country -----

3. (a) PRINT FULL NAME Stephen Cooper Spry

(b) If veteran, ----- name war -----

(c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1945 hour 5:00 minute A M.

4. Sex Male

5. Color or race White

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

(b) Name of ~~husband~~ or wife Lucy Lane Isle Spry

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Mar. 10 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-28-45 to 4-28-45
that I last saw him on 4-28-45 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 1 Days 18
If less than one day hr. ----- min. -----

Immediate cause of death Cerebral Embolism

Duration 1 day

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

Due to -----

Due to -----

10. Usual occupation Farmer

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

11. Industry or business -----

Major findings: Of operations -----

Of autopsy -----

PHYSICIAN -----
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John H. Spry

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

14. Maiden name Mary Ann Bradley

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Lumen Spry

(b) Address Fayette, Missouri

(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? -----

17. (a) Burial (b) Date thereof 4/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonesboro Cemetery

While at work? ----- (Specify type of place)

(e) Means of injury -----

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) SV-43 (b) -----
(Date received local registrar) (Registrar's signature)

23. Signature Ira Bloom (M. D. or other) M.D.

Address Fayette MO Date signed 4-29-45

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