

FILED MAR 25 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1195

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution K.C. TB Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month  
(Specify whether)

In this community 16 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 1309 East Ninth Street 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Sperry, Robert

3. (b) If veteran, name war None

3. (c) Social Security No. 513-031-269

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13  
year 1947 hour 8:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from 2-11-47  
19... to 3-13 19...  
that I last saw H.M. alive on 3-13  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mabel Sperry

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 12-3-1877  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis 2 yrs

Duration 2 yrs

8. AGE: Years 69 Months 7 Days 10  
If less than one day hr. min.

Due to.....

Due to.....

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

Other conditions Lupus Vulgaris  
(Include pregnancy within 9 months of death)

10. Usual occupation Theatrical employ ment

11. Industry or business Tom Drake Agency

Major findings:  
Of operations 13.8

Of autopsy.....

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

12. Name Albert Sperry

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

14. Maiden name Janet Miller

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

16. (a) Informant Record Clerk

(b) Address K. C. T. B. Hosp.

17. (a) Burial (b) Date thereof 3-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary K.C. Kan.

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)

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Mo.

While at work?..... (e) Means of injury 0

23. Signature M. B. Rosenberg M.D. (M. D. or other).....  
Address K. C. T. B. Hosp Date signed 3-14-47

19. (a) 3-15-47 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

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

MOTHER FATHER

SEP 8 1947

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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 Blaine E. Weiler  
Licensed Embalmer No. 4075  
P. O. Address K.C. 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.