

Registration District No. 222

Primary Registration District No. 3074

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
732 Vernon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 3 yr
years, months or days

3. (a) PRINT FULL NAME

SARAH ANGELINE ASPRAY

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive years
7. Birth date of deceased March 30 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 20
If less than one day
hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Ruffin Lewis
13. Birthplace N. C.
(City, town, or county) (State or foreign country)
14. Maiden name Miller
15. Birthplace N. C.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul D. Wilson
(b) Address Sikeston, Mo

17. (a) removal (b) Date thereof 5-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Providence Tenn

18. (a) Signature of funeral director W. L. Funeral Home
(b) Address Sikeston, Mo

19. (a) 5-28-47 (b) Mrs. J. J. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 732 Vernon
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1947 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from
Dec 15 1941 to May 20 1947
that I last saw him alive on May 18 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia
Lobar

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Sikeston Mo (M. D. or other)
Address Sikeston Mo Date signed 5/29/47

RECEIVED

District Health Office No. 2,

District File Number 542-782

Date Filed 5-29-42

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

Raymond C. Crews

Licensed Embalmer No. 3467

P. O. Address

Sikeston 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.