

FILED OCT 13 1947

4163

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County **Douglas**
 (b) City or town **Parisport**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Dr. Bailey Office 3'
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **business days 1 Hr**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Douglas 31**
 (c) City or town **Pattersonburg**
(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 **Samuel Sperry**
 3. (b) If veteran, name war _____ 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Aug** day **19**
 year **1947** hour **8** minute **50 P.M.**
 21. I hereby certify that I attended the deceased from **Aug 19**
 19**47** to **Aug 19** 19**47**
 that I last saw him alive on **Aug 19** 19**47**
 and that death occurred on the date and hour stated above.

4. Sex **m** 5. Color or race **w**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Nelma Sperry**
 6. (c) Age of husband or wife if alive **35** years
 7. Birth date of deceased **July 16 1898**
(Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis**
 Duration **2 hrs.**
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
57 1 3 hr. _____ min.

9. Birthplace **Douglas Co MO**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Farmer**

MOTHER FATHER:
 11. Industry or business _____
 12. Name **Samuel Sperry**
 13. Birthplace **MO**
(City, town, or county) (State or foreign country)
 14. Maiden name **Isabel Ellis**
 15. Birthplace **Douglas Co MO**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy **94A**

16. (a) Informant **Mr. Nelma Sperry**
 (b) Address **Pattersonburg MO**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-21-47**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Pattersonburg MO**
 18. (a) Signature of funeral director **B. Brown**
 (b) Address **Pattersonburg MO**
 19. (a) **9-10-47** (Date received local registrar) (b) **W. Englehart** (Registrar's signature)

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)
 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 **2**
 23. Signature **W. B. ...** (M. D. or other) **MD**
 Address **Parisport MO** Date signed **9-1-47**

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

71
 0
 0

APR 6 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Robert V. Dunkin; Registered Apprentice No. *50*
working under my personal supervision.

Signed *A. Branner*

Licensed Embalmer No. *2857*

P. O. Address *Pattersonburg 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.