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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28221**

Registration District No. **177**

Primary Registration District No. **3035**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 21st South 1
(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) 40 yrs

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

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

(d) Street No. 21st South
(If rural, give location)

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

3. (a) PRINT FULL NAME MINNA SPERLING

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 5 1910
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Warrsburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

MOTHER FATHER

11. Industry or business _____

12. Name Wm Sperling

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

14. Maiden name Wilhelma Dyer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ada Larson

(b) Address Los Angeles Calif

17. (a) Burial (b) Date thereof 7-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrsburg, Mo

18. (a) Signature of funeral director Paul F Thumpel

(b) Address Harrison Mo

19. (a) Aug 12 1947 (b) M. E. Eastbrooks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1947 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 28 to July 4 1947
that I last saw her alive on July 4 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatative heart

Due to Arteriosclerosis & hypertension
Myocardial degeneration

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy GA

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

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

(c) 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 M. E. Eastbrooks (M. D. or other) _____
Address Harrison Mo Date signed 7/15/47

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

RECEIVED

District Health Officer No. 6,

District File Number _____

Date Filed 8-27-47

Perkins

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 *Geo. McKeon*

Licensed Embalmer No. 2983

P. O. Address *Levittown, Pa.*

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.