

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 18

FILED OCT 17 1947  
Registration District No. 389

Primary Registration District No. 5208

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

1. PLACE OF DEATH:  
(a) County Carroll  
(b) City or town Rural Hale, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
home of Ray Sperry, near Hale, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one week  
In this community all his life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County Carroll / 7  
(c) City or town Tina, (If outside city or town limits, write "RURAL") 0  
(d) Street No. main (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XX

3. (a) PRINT FULL NAME JAMES HUMPHREY SPERRY  
(b) If veteran, name war no  
(c) Social Security No. XX

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 16 day Sept  
year 1947 hour 9 minute 9 M.  
21. I hereby certify that I attended the deceased from Wesley Miller, 19\_\_\_\_;  
that I last saw him alive on, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Lucinda Sperry 6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased April 15th, 1861.  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Coronary Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
86 5 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Iowa, (City, town, or county) (State or foreign country)  
10. Usual occupation farmer, retired.

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
94A

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Daniel Sperry 9  
13. Birthplace dont know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah, I  
15. Birthplace dont know, 9  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs Gladys Tremain,  
(b) Address Tina, Missouri.  
17. (a) Burial (b) Date thereof 9/21/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Coloma Cem. Near Tina.  
18. (a) Signature of funeral director Clifford W. Austin,  
(b) Address Tina, Missouri.  
19. (a) 9-21-47 (b) Mrs Rex Henderson  
(Date received local registrar) (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)  
(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 3  
23. Signature Charles A. Hart (M.D. or other) born  
Address Carrollton Mo Date signed 9/18/47

District Health Officer No. 8,

District File Number.....

Date Filed 10-16-47.....

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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.....

Licensed Embalmer No. 3233.....

P. O. Address..... Tina, Missouri.....

**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.**