

No. 2  
-5-43  
5-17-39  
I X36671

FILED NOV 6 1948

Registration District No. 149

Primary Registration District No. 1002

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo.  
(Specify whether years, months or days) 48 yrs

3. (a) PRINT FULL NAME Edward B. Sperry  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years 52 Months Days If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9  
10. Usual occupation DENTIST

11. Industry or business  
12. Name LEDOIT BACON SPERRY  
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH BECON  
15. Birthplace KANS (City, town, or county) (State or foreign country)

16. (a) Informant HOSP. RECORDS  
(b) Address K.C. Mo.  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-19-48  
(Month) (Day) (Year)  
(c) Place: burial or cremation MT MORIAH

18. (a) Signature of funeral director STINEY McCLURE  
(b) Address M.C. Mo.  
19. (a) 10-19-48 (Date received local registrar) (b) Seraldine Holmes (Registrar's signature)

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") 8  
(d) Street No. Pickwick Hotel  
10th. & Mc Gee (If rural, give location)  
(e) Citizen of foreign country? unknown (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
year 1948 hour 6 minute 10 A.M.  
21. I hereby certify that I attended the deceased from Sept. 17, 1948, to Oct. 17, 1948  
that I last saw him alive on Oct. 17, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension-Generalized arterio-sclerosis-Uremia-nephrosclerosis  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 131a  
Of operations  
Of autopsy None

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

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 W. W. Hart (Specify type of place) (e) Manner of injury C  
23. Signature W. W. Hart (M.D. or other) 10-18-48  
Address Med. Dir. Gen'l Hosp. Date signed

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

*R. Reed*

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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 *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address *K. E. 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.**