

12 JAN 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42265
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 53
(b) Township New Home Primary Registration District No. 5084 Registered No. 45
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

61-7 Laurel A Berry
(a) Residence, No. RFD # 4 Butler Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
) 0 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co Mo.

FATHER 13. NAME Abram Berry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co. Mo.

MOTHER 15. MAIDEN NAME Edith Ehart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co. Mo.

17. INFORMANT (ADDRESS) Abram Berry RFD Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morris Cemetery DATE Dec. 8/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Booth, Rich Hill Mo

20. FILED Dec 3 1938 Clarence J. Allen Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2/3 8, 1938

I HEREBY CERTIFY, That I attended deceased from Nov 22, 1938, to Dec 7, 1938
I last saw him alive on Dec 7, 1938 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Premature
Infant 7 months
Other contributory causes of importance:
Prematurity 154

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Cardiac failure, M. D.
(Signed) Clarence J. Allen
51 (Address) Butler Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50-M-172-38 I X-14028

RECEIVED

District Health Officer No. 7,

District File Number 1-29-115-

Date Filed 1-12-39

STATEMENT BY LICENSED EMBALMER

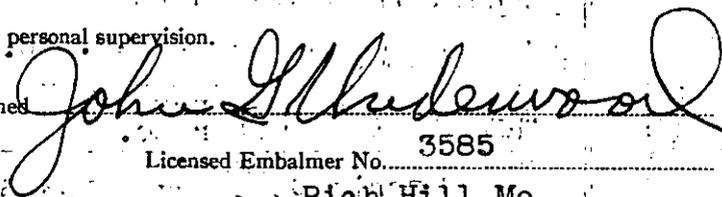
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

John G Underwood

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed



Licensed Embalmer No. 3585

P.O. Address Rich Hill 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, above space should be left blank.