

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11547

State File No. \_\_\_\_\_

Registration District No. 479

Primary Registration District No. 4288

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County. Lewis  
(b) City or town. LaBelle  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community. 655  
years, months or days)

3. (a) PRINT FULL NAME Pansy Jewell Berryman

3. (b) If veteran, name war. no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife G. D. Berryman 6. (c) Age of husband or wife 46 years

7. Birth date of deceased October 23 (Month) (Day) (Year) 1899

8. AGE: Years 40 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Knox City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business none

12. Name George W. Burkhardt

13. Birthplace Knox County (City, town, or county) Missouri (State or foreign country)

14. Maiden name Luemie Bell (State or foreign country) Parish

15. Birthplace Knox County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant G. D. Berryman

(b) Address LaBelle, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof March 26 (Month) (Day) (Year) 1940

(c) Place: burial or cremation Elm Groves Cemetery LaBelle Mo.

18. (a) Signature of funeral director James J. Hodges

(b) Address LaBelle Mo.

19. (a) 3/26/1940 (Date received local registrar)

(b) J. Z. Bourne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Lewis  
(c) City or town LaBelle  
(If outside city or town limits, write "RURAL")  
(d) Street No. None (If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24, year 1940 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from March 1939 to March 24, 1940

that I last saw him alive on Mar 24 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Intestine Duration 1 year

Due to Wound Rupture

Due to 46

Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy No.

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

23. Signature J. Z. Bourne (M. D. or other)

Address LaBelle Mo. Date signed

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

RECEIVED

District Health Officer No. 10

District File Number 4-40-833

Date Filed APR 16 1940

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

*Norman D. Coder*

, Registered Apprentice No.

working under my personal supervision.

Signed

*Norman D. Coder*

Licensed Embalmer No.

*3721*

P. O. Address

*Larselle 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.