

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14431

MAY 13 1940

Registration District No. 89

Primary Registration District No. 3007

State File No.

Registrar's No. 103

1. PLACE OF DEATH:

- (a) County Butler
 (b) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
-
- (Specify whether _____)

In this community _____

years, months or days 1 day3. (a) PRINT FULL NAME JAMES LEANDER BERRY

3. (b) If veteran, _____

name war _____

3. (c) Social Security _____

No. _____

4. Sex MALE

5. Color or _____

race WHITE6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

801019

hr.

min.

9. Birthplace _____

Washington Co Mo

(State or foreign country)

10. Usual occupation _____

Retired Millwright

11. Industry or business _____

12. Name _____

Michel Berry

18. Birthplace _____

unknown

14. Maiden name _____

Martha Spada

15. Birthplace _____

Wentworth

16. (a) Informant's own signature _____

Mrs Mary Brown

(b) Address _____

815 Poplar St Poplar Bluff Mo

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

Woodlawn Cem

18. (a) Signature of funeral director _____

N.F. Phelps

(b) Address _____

Poplar Bluff Mo 80

19. (a) _____

(b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER(c) City or town POPLAR BLUFF

(If outside city or town limits, write "RURAL")

(d) Street No. 815 POPLAR ST.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8
year 1940 hour 2 minute 50 A.M.21. I hereby certify that I attended the deceased from 4-6-40
_____, 19____, to 4-8, 1940that I last saw him alive on 4-8-40, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Broncho pneumonia Duration 1 dayDue to Influenza 1 dayDue to _____ 11 WOther conditions _____
(Include pregnancy within 8 months of death)Major findings:
Of operations sameOf autopsy same

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? _____ (Specify type of place)
(e) Means of injury _____23. Signature J.M. Dunbar (M. D. or other) 1Address Poplar Bluff Mo Date signed 4/7/40

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.

100 2

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 W.S. Phelps

Licensed Embalmer No. 3231

P. O. Address Caplan Bldg/ma

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.