DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25063

State File No.

Registration District No. 957 Primary Registration District No. 5392 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town ~~Blanche~~ Jackson Twp
(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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Douglas
(c) City or town Blanch
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Berry Dan
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married divorced Widowed
6. (b) Name of husband or wife Louisa Berry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 22 (Day) 1859 (Year)

8. AGE: Years 80 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Tenn (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
12. Name James E. Berry (FATHER)
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Unknown (MOTHER)
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant J. H. Berry
(b) Address Brixey
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Blanch
18. (a) Signature of funeral director O. B. McClung
(b) Address Mountain Home Ark.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 40 hour 1 minute pm M.

21. I hereby certify that I attended the deceased from June 24, 1940, to Only, 19..;
that I last saw him alive on June 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Locomotor Ataxia
Due to Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. L. Gentry (M. D. or other)
Address Ava Mo Date signed 6-28-40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 2460-2414
Date Filed AUG 09 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note:. The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
-2-21-40
PI X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25063

Registration District No. 957 Primary Registration District No. 5392 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Douglas

(b) ~~City or town~~ Jackson Twp.

(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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town

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

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME George Berry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced wd

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 22 1859 (Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 9-29 1940 (Date received local registrar) (b) Reba King white (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. L. Gentry (M. D. or other)

Address Ava Mo. Date signed

SUPPLEMENTARY