

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38034
Registrar's No. 153

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

DEC 12 1940

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(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 _____
In this community All of her life (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Jessie Berry
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased 9 4 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation House W 2

11. Industry or business SEANESS 2

12. Name UNKNOWN 9

13. Birthplace UNKNOWN 0
(City, town, or county) (State or foreign country)

14. Maiden name SYNTHIA BERRY

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

16. (a) Informant LILLIAN SCOTT

(b) Address 608 W. JACKSON

17. (a) Burial (b) Date thereof 11 16 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELM WOOD

18. (a) Signature of funeral director A. J. Reynolds

(b) Address Mexico

19. (a) 11-16-1940 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 608 W. JACKSON
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13 year 1940 hour 7 minute 20 P. M.
21. I hereby certify that I attended the deceased from 10-1-40 to 11-13-1940

that I last saw her alive on 11-13- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death bronchial pneumonia

Due to _____

Due to _____ 1970

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature N. J. Ector (M. D. or other) 1

Address Mexico Date signed 11-15-

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

RECEIVED

District Health Officer No. 10

District File Number 12-40-2284

Date Filed DEC 11 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 A. L. Reynolds Jr.

Licensed Embalmer No. 3521

P. O. Address Meriden, Conn.

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.