

1. PLACE OF DEATH:

(a) County Butler Co
(b) City or town Paplar Bluff Mo
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (years, months or days)

8. (a) PRINT FULL NAME

Alice Berry

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife

Beck C. Berry

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased

July 3

1906

8. AGE:

Years

Months

Days

If less than one day

34

5

5

hr. _____ min.

9. Birthplace

Wayne Co - Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmwife

11. Industry or business

MOTHER FATHER

12. Name

Marshall Davis

13. Birthplace

Amende Neck

14. Maiden name

Amende Neck

15. Birthplace

Wayne Co - Mo.

(State or foreign country)

16. (a) Informant

Beck C. Berry

(b) Address

Essex Mo R1

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

Dec. 10 40
(Month) (Day) (Year)

(c) Place: burial or cremation

W Taylor Emb

18. (a) Signature of funeral director

W Taylor Emb

(b) Address

Des Moines Mo

19. (a)

12/16/40
(Date received local registrar)

(b)

Kate Lutz
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
(c) City or town Essex Mo. R1
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day Dec
year 1940 hour 9 minute 5 P.M.

21. I hereby certify that I attended the deceased from DEC. 7 1940 to DEC. 8 1940

that I last saw him alive on DEC. 8 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Duration

12/6/40

Due to Pelvic peritonitis

12/2/40

Due to Septic Abortion (self induced)

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? _____

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

23. Signature W Taylor Emb (M. D. or other) _____

Address Paplar Bluff, Mo. Date signed 12/12/40

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

2
2
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.....
Vergil H. Helch....., Registered Apprentice No.....
working under my personal supervision.

Signed

Vergil H. Helch

Licensed Embalmer No. *4102*

P. O. Address *Deer, 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.

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41960

Registrar's No. 368

Registration District No. 89

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Paplar Bluff
(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
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Alice Berry

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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 34 Months 5 Days 5 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 CENTRALIA, ILLINOIS (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace Unknown, Green Co. Ind (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7/14/41 (b) Kate Lutz (Date received local registrar) (Registrar's signature)

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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12 year _____ hour _____ minute _____ M.

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

Duration

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? _____

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

23. Signature W. R. Brandon (M. D. or other)

Address Paplar Bluff Date signed _____

