

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2424
Registrar's No. 2

Registration District No. 1035

Primary Registration District No. 5377

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1----
(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

8. (a) PRINT FULL NAME Willowdean Berry

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 16, 1940
(Month) (Day) (Year)

8. AGE: Years 10 Months 1 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Fred Berry
13. Birthplace Dent County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Myrtle Schafer
15. Birthplace Dent County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Berry
(b) Address Darien, Missouri

17. (a) Burial (b) Date thereof 1/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Forest Cemetery

18. (a) Signature of funeral director Carl K. Spencer
(b) Address Salem, Missouri

19. (a) 1/30/1941 (b) J. A. Kisser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Near Darien, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1940 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from 7:15
20, 1940, to Jan 10, 1941
that I last saw her alive on Jan 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Bronchial

Due to Cold

Due to 107

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. Signature Carl K. Spencer (M. D. or other) D
Address Salem Mo Date signed 1-28-41

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

RECEIVED
District Health Officer No. 5,
District File Number 241749
Date Filed

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.