

Registration District No. **445** Primary Registration District No. **6020-a** Registrar's No. **9**

1. PLACE OF DEATH
(a) County **St. Francois**
(b) City or town **Bonne Terre MO.**
(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

3. (a) PRINT FULL NAME **GEORGE SAMUEL BERRY**
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 **Annie Berry** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **April 19 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **9** Days **3** If less than one day hr. _____ min. _____

9. Birthplace **Madison Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **George S Berry**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Emather Hunt**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Maudie Rouse**
(b) Address **Bonne Terre MO R-1**

17. (a) **Burial** (b) Date thereof **Jan 26 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **B.T. Cemetery**

18. (a) Signature of funeral director **Bertram Hud Co**
(b) Address **Bonne Terre MO**

19. (a) **Jan 23 1941** (b) **N. W. Newkirk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Francois**
(c) City or town **Bonne Terre**
(If outside city or town limits write "RURAL")
(d) Street No. **Route 1** (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 **22** year **1941** hour **4** minute **A** M.
21. I hereby certify that I attended the deceased from **Feb 15**, 1939, to **Jan - 22 -**, 1941; that I last saw him live on **Jan 21 -**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **1 wk**
Due to **Influenza**
Due to _____

Other conditions **chronic nephritis + my-**
(Include pregnancy within 3 months of death) **carditis**
Major findings: Of operations _____
Of autopsy **12/18**

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? **0 A 9**
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **G. A. Evans** (M. D. or other) **D**
Address **130 milledrop mo** Date signed **1-23-41**

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

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

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.....

C. J. Claywell

Licensed Embalmer No. *3706*

P. O. Address *Bonnie Lane 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.