

FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19190  
Registrar's No. 25-

Registration District No. 836

Primary Registration District No. 45-07

1. PLACE OF DEATH:

(a) County Stoddard Co  
(b) City or town Berrie Mo  
(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 life years, months or days (Specify whether)

3. (a) PRINT FULL NAME BERIHA MAY EADS

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, married

6. (b) Name of husband or wife Columbus Eads 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Sept 28 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
27 7 15 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John M. Hartline

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

14. Maiden name Alice Johnson

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

16. (a) Informant Columbus Eads

(b) Address Berrie Mo

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

(c) Place: burial or cremation Berrie Cemetery

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Berrie Mo

19. (a) 6/1/41 (Date received local registrar) (b) Laura Hopkins (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard/18  
(c) City or town Berrie Mo (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? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1941 hour 13.15 minute 9 A. M.

21. I hereby certify that I attended the deceased from May 2 1941 to May 13 1941 that I last saw him alive on May 12 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T. B. Duration 3 mo  
Due to Septicemia 1 mo

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 12/10

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

23. Signature 978 Groves (M. D. or other) Berrie Mo  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 2

District File Number 641-75

Date Filed 6/9/41

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 Wm. Blifton Cooper

Licensed Embalmer No. 4119

P. O. Address Blairfield, 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.