

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21659**

Registration District No. **312**

Primary Registration District No. **4188**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Gentry**
(b) City or town **King City 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)
(d) Length of stay: In hospital or institution **666600**
(Specify whether
In this community **65 Yr.**
years, months or days)

3. (a) PRINT FULL NAME **William Henry Berry.**

3. (b) If veteran, **0** name war. 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **Cau.** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Allie I. Berry** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **3** **21** **1967**
(Month) (Day) (Year)

8. AGE: Years **72** Months **II** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Jacksonville** **Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **/**

12. Name **Joseph F. Berry.**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Katie Hulett.**

15. Birthplace **Kentuckey.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cleo Berry.**

(b) Address **King City Mo.**

17. (a) **Burial** (b) Date thereof **2.5.1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Berlin Mo.**

18. (a) Signature of funeral director **R. J. Taggart.**

(b) Address **King City Mo.**

19. (a) **2-3-41** (b) **Donald D. Hantz**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Gentry.** **98**
(c) City or town **King City Mo.** **2**
(If outside city or town limits, write "RURAL") **0**
(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 **2** day **2**
year **1941.** hour **6** minute **A** M.

21. I hereby certify that I attended the deceased from **2-1**, 1941, to **2-2**, 1941;
that I last saw him alive on **2-1**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **18 hrs**
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? **2-4**

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

23. Signature **E. M. Reynolds** (M. D. or other) **0**

Address **Union Star Mo.** Date signed **2-3-41**

(Licensed Embalmer's Statement on Reverse Side)

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.....

R. G. Taggart

Licensed Embalmer No. *2563-*

P. O. Address. *King City 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, fact should be so stated above.