

No. 2
17-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25567

BUREAU OF THE CENSUS
FILED AUG 13 1941

State File No. _____

Registration District No. 538

Primary Registration District No. 5726

Registrar's No. 58

2000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Madison Twelve Mile Twp

(b) City or town Rural - Caldwell, 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 _____
In this community all her life 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME MAUDE ELIZABETH 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 Herbert C. Berry

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March 18 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

36 3 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name W. J. Stacy

13. Birthplace Jewett - Madison Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lilla Tucker

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

16. (a) Informant Helen Berry

(b) Address Caldwell, Mo.

17. (a) Burial (b) Date thereof 7-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berry Cemetery - Madison Co. Mo.

18. (a) Signature of funeral director Stanley A. Dixon

(b) Address Fredericktown, Mo.

19. (a) July 2 - 1941 (b) S. C. S. Langhler
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 062

(c) City or town Caldwell - Rural 0
(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 July day 12
year 1941 hour 10:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 10, 1941, to July 13, 1941
that I last saw her alive on July 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Medley Cough
& vessel blocked

Due to Cold 2 days before

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy none

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) no

(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 2

23. Signature M. B. Parker (M. D. or other) (A 902)
Address Fredericktown Mo. Date signed 7/12/41

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.....

..... 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, fact should be so stated above.