

FILED AUG 29 1941

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Mexico
(c) Name of hospital or institution: 113 1/2 S Western
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME

JOHN JUNE BERRY

3. (b) If veteran, name, war no

3. (c) Social Security No. no

4. Sex male

5. Color or race negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Carrie Berry

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 1

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

74

27

27

hr. min.

9. Birthplace

Boone County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

12. Name

Robert Berry

13. Birthplace

Boone County Mo
(City, town, or county) (State or foreign country)

14. Maiden name

Don't know

15. Birthplace

Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant

Carrie Berry

(b) Address

113 1/2 S Western

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

July 30 1941
(Month) (Day) (Year)

(c) Place: burial or cremation

Mexico

18. (a) Signature of funeral director

Frank J. Kelly

(b) Address

400 W. Cooper St. Sedalia Mo

19. (a)

July 30-41
(Date received local registrar)

(b)

Blanche Reely
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 113 1/2 S Western
(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 28

year 1941

hour 5

minute A.

M.

21. I hereby certify that I attended the deceased from

May 25

19 41

to

July 28

19 41

that I last saw him alive on May 25 and that death occurred on the date and hour stated above.

Immediate cause of death

Cardio Nephritis

Due to

Arteriosclerosis

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?

While at work

(Specify type of place)

(e) Means of injury

23. Signature

Frank J. Kelly

(M. D. or other)

Address

117 E. Main Mexico Mo

Date signed

7/30/41

AUG 29 1941

RECEIVED

District Health Officer No. 10

District File Number 8-41-1534

Date Filed AUG 20 1941

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 me

Eric Alexander, Registered Apprentice No. _____
working under my personal supervision.

Signed

Eric Alexander

Licensed Embalmer No.

3572

P. O. Address

Sidalia 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.