DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27876

Registration District No. 8-9

Primary Registration District No. 5137 8054

Registrar's No. 341

**1. PLACE OF DEATH:**

(a) County Butler

(b) City or town Melyville (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 (Specify whether

In this community 32 yrs. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Butler

(c) City or town Melyville (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.? years.

3. (a) PRINT FULL NAME Emma Jane Berry

3. (b) If veteran, name war

3. (c) Social Security No. No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife R. T. Berry

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. (Month) 7. (Day) 1878 (Year)

8. AGE: Years 62 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Linden (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Long
13. Birthplace (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Samantha Sorey
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. T. Berry

(b) Address Melyville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-41 (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo.

18. (a) Signature of funeral director Black's Mortuary

(b) Address Corning Ark.

19. (a) 9-6-41 (Date received local registrar) (b) Belle Kirk (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 1 year 1941 hour 4:15 minute P M.

21. I hereby certify that I attended the deceased from Sept 1, 1941, to Sept 1, 1941; that I last saw him alive on Nov. 1, 19__; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: angina Pectoris | |
| Due to — | |
| Due to — 94P | |
| Other conditions (Include pregnancy within 3 months of death) | |
| 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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Naylor Mo Date signed 9/2 41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 1 5 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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning, Ark.

**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.**