

1. PLACE OF DEATH

(a) County Cass
(b) City or town Pleasant Hill 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 _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Clarence Luis Berry

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-16-6628

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug - 3 - 1909
(Month) (Day) (Year)

8. AGE: Years 32 Months - Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Charles Berry

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

14. Maiden name Lucie Jones

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

16. (a) Informant Mabel Berry

(b) Address Pleasant Hill Mo

17. (a) Burial (b) Date thereof 8-5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo

18. (a) Signature of funeral director A. H. N. N. N.

(b) Address Pleasant Hill Mo

19. (a) 8-5-41 (b) Ma Etta M. Aldridge
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill 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. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3rd
year 1941 hour 8 minute 9 P. M.

21. I hereby certify that I attended the deceased from April 10 1941 to Aug 3 1941
that I last saw him alive on Aug 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Distention of Heart Duration 2 da

Due to Chronic Bronchial asthma 4 1/2 yr

Due to _____

Other conditions Heart debility 6 mo
(Include pregnancy within 3 months of death)

Major findings: Of operations 95C
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 E. A. Albers (M. D. or other) _____
Address Pleasant Hill Mo Date signed Aug 4

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

19
2
0

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 *D. P. Noflinger*

Licensed Embalmer No. 3958

P. O. Address Pleasant Hill, Pa.

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.