

FILED **SEP 8 1941**
859

Registration District No. _____

Primary Registration District No. **6128**

Registrar's No. **38**

1. PLACE OF DEATH:
(a) County **Taney**
(b) City or town **Branson**
(c) Name of hospital or institution **Man**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME **JOHN BERRY.**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, married, widowed, divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 30 1938**
(Month) (Day) (Year)

8. AGE: Years **2** Months **8** Days **29** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER
12. Name **Wilfred Ernest Berry**
13. Birthplace **Branson Mo.**
(City, town or county) (State or foreign country)

MOTHER
14. Maiden name **Ida May Moore**
15. Birthplace **Illinois**
(City, town or county) (State or foreign country)

16. (a) Informant's own signature **Maude Berry**

(b) Address **Branson, Mo.**

17. (a) **Burial** (b) Date thereof **Aug 30-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Branson bury**

18. (a) Signature of funeral director **None**

(b) Address _____

19. (a) **8-30-41** (b) **John H. Baxter**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Taney**
(c) City or town **Branson 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. **2** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **29** year **1941** hour **8:00** minute **55** P. M.

21. I hereby certify that I attended the deceased from **Aug 27**, 1941, to **Aug 29**, 1941, and that death occurred on the date and hour stated above

Immediate cause of death **Enteric Colitis** Duration _____
Due to **Spiced Food**
Due to **1000**

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 **Lucy B. Mitchell** (M. D. or other) _____

Address **Branson, Mo.** Date signed **8-30-41**

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.

RECEIVED

District Health Officer No. 6,

District File Number 941-1419

Date Filed SEP 5 1949

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, above space should be left blank.