No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1941

State File No. 32061

Registration District No. 582

Primary Registration District No. 5779

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town RURAL — JACKSON (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9 MI. S.W. OF PARIS, MO (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE 069

(c) City or town RURAL (If outside city or town limits, write "RURAL")

(d) Street No. 9 MI. S.W. of PARIS, MO. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME AMANDA ELIZABETH BERRY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife H.L. BERRY

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

7. Birth date of deceased MARCH (Month) 15 (Day) 1870 (Year)

8. AGE: Years 71 Months 6 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace AUDRAIN CO., (City, town, or county) MO. (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ✓

FATHER
12. Name Wm CAMPBELL
13. Birthplace ..... (City, town, or county) N. J. (State or foreign country)

MOTHER
14. Maiden name EMILY BERRY
15. Birthplace FLORIDA, (City, town, or county) MO. (State or foreign country)

16. (a) Informant Lewis Berry

(b) Address R.F.D. #3 PARIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 23, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation BERRY CEM., AUDRAIN CO.

18. (a) Signature of funeral director Speed & Blake

(b) Address Paris, Mo.

19. (a) 9-21-41 (Date received local registrar) (b) F. A. Barnett, M.D. R.E. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 20th year 1941 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 6-30-41, 19.., to Sept - 20, 1941; that I last saw her alive on Sept - 20, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral thrombosis.	NK
Due to carcinoma of bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46f

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 Nellie S. Christmas (Mrs. or other) R.D.

Address PARIS, MO. Date signed 9-21-41

110 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-41-~~[illegible]~~ 1857
Date Filed OCT 17 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 B. H. Agnew
Licensed Embalmer No. 4000
P. O. Address PARIS, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.