

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32325

Registration District No. 718

Primary Registration District No. 6830

Registrar's No. 38

1. PLACE OF DEATH

(a) County Putnam
(b) City or town Unionville
(c) Name of hospital or institution: Monroe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether)
In this community All his life
years, months or days

3. (a) PRINT FULL NAME John Lewis BERRY

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Della Ellen Berry 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased Feb 17 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business FARM

12. Name ALEXANDER BERRY
13. Birthplace Do not know
(City, town, or county) (State or foreign country)
14. Maiden name Emeline Giffey
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. N. Berry

(b) Address Unionville, Mo

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

(c) Place: burial or cremation Union Church, Cemetery

18. (a) Signature of funeral director Comstock Funeral Home

(b) Address Unionville, Mo. 64880

19. (a) Sept 22 41 (b) H. W. Gilliam
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town Rural Union Township
(If outside city or town limits write "RURAL")
(d) Street No. Unionville, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 15, 1941, to Sept 15, 1941;
that I last saw him alive on Sept 15, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death

Ch. Valvular Heart

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Neal Martin (M. D. or other)
Address Unionville Mo Date signed 9/17/41

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1773

Date Filed ACT 8 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

James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville 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, above space should be left blank.