

FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34328

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1005

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

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2227 North 7th St. / /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
 (d) Street No. 2227 North 7 St. /
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jennie Chandler Berrie

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased July 1 1962
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 17 hr. _____ min.

9. Birthplace Lexington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name William Chandler

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Jeannett Snow

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Mellor

(b) Address St. Joseph, Mo.

17. (a) removal (b) Date thereof 10/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Walter B. Cole & Bowman

(b) Address St. Joseph, Mo.

19. (a) 10/20/41 (b) H. F. Mundy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct., day 18
 year 1941, hour 5 minute 05 P. M.

21. I hereby certify that I attended the deceased from on
Oct 18 1941 to _____ 19____
 that I last saw her last evening _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia Duration 1 yr.
 Due to mal-nutrition 1 year

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy no 162 B
 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? 3

While at work? _____ (Specify type of place) (e) Means of injury Car over
 23. Signature H. F. Mundy (M. D. number) _____
 Address 404 So 3d St Date signed 10/19/41

10/18/41

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.....

10/18/41....., Registered Apprentice No. ✓
working under my personal supervision.

Signed Harold Bowman.....

Licensed Embalmer No. 3619.....

P. O. Address St. Joseph, 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, fact should be so stated above.