

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

155568

FILLED NOV 12 1941

Registration District No.

Primary Registration District No. 4351

Registrar's No.

1. PLACE OF BIRTH:

(a) County. Montgomery
(b) City or town. New Florence
(c) Name of hospital or institution: None
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 60 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME AMAND V. BERRY

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife SC. BERRY 6. (c) Age of husband or wife if alive DECEASED
7. Birth date of deceased. MARCH 30 1886
(Month) (Day) (Year)

8. AGE: Years 91 Months 3 Days 1 If less than one day hr. min.

9. Birthplace ST LOUIS COUNTY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business None

12. Name ELISHA W. PATTERSON

13. Birthplace ST LOUIS COUNTY MO.
(City, town, or county) (State or foreign country)

14. Maiden name MALISSA FUGATTI

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

16. (a) Informant Mrs. J. P. Ellis

(b) Address New Florence Mo.

17. (a) Burial (b) Date thereof SEPT 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT PLEASANT

18. (a) Signature of funeral director J. Marlow

(b) Address Montgomery City Mo

19. 10-1-41 James O. Helm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONTGOMERY
(c) City or town NEW FLORENCE RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. None NEAR NEW FLORENCE MO.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 31
year 1941 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from Aug 15 1941 to Aug 31 1941
that I last saw him alive on Aug 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
Due to Chronic myocarditis

Other conditions 101
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 James O. Helm (M. D. or other)

Address New Florence Mo. Date signed 10-31-41

(Licensed Embalmer's Statement on Reverse Side)

NON-COMMERCIAL
HEALTH CARE
ADVISORY

Montgomery County
Health Department

AMANDA V. BERRY

FEMALE WHITE
20.8.20
MARCH 20 1920

1 2 1P
MONTGOMERY COUNTY

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

working under my personal supervision.
Registered Apprentice No.

Signed *Joseph A. Mark*
Licensed Embalmer No. 3658

P.O. Address *Montgomery City*

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.