

FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35891
Do not use this space. 8

1. PLACE OF DEATH
 (a) County Polk Registration District No. 744
 (b) Township Richmond Primary Registration District No. 3035 Registered No. Richmond Hospital
 (c) City Richmond or (d) Street No. Richmond Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANNA MAE BERRY POLO MO.
 (a) Residence, No. ROUTE 3 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-19-41

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
				<u>15</u>

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Preterm infant

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

FATHER

13. NAME Chris Logan Berry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

MOTHER

15. MAIDEN NAME Madine Louis Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polo Mo

17. INFORMANT (ADDRESS) Chris Berry Polo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Polo Mo DATE 10-20-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Family

20. FILED Oct 20 19 41 Malcolm Jackson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19-41 19 41

22. I HEREBY CERTIFY, That I attended deceased from 10-19-41, 19....., to 10-19-41, 19.....

I last saw her alive on 10-19-41, 19..... Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation (intra-uterine)

Date of onset

Other contributory causes of importance: premature separation of placenta

Name of operation Caesarian Date of 10-19-41

What test confirmed diagnosis? Pst. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19.....
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury mother struck by train
 Nature of injury premature separation of placenta

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Malcolm Jackson, M. D.
 (Address) Richmond Mo

N. B.—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. 8,

City

Date

11-13-41

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.....

....., 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.