S. No. 2
M—1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1662

FILED JAN. 30 1942

Registration District No. 67 — Primary Registration District No. 5102C — Registrar's No. 3

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

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Rural, Lorance Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Marble Hill, Mo.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ida May 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 Married

6. (b) Name of husband or wife J. H. Berry

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan. (Month) 22 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
65	II	8	..... hr. ..... min.

9. Birthplace Bollinger Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name James Kirkpatrick
13. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Caroline Mabrey
15. Birthplace Wayne Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant J. H. Berry J. H. Berry
(b) Address Marble Hill, Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Glen Allen, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. L. Graham

19. (a) 1/1/42 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

1-2-3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th year 1941 hour 1130 o'clock A. minute P. M.

21. I hereby certify that I attended the deceased from Dec. 3rd 1939 to Dec. 30th 1941 that I last saw h.. alive on Dec 30th 1941 and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Carcinoma Uterus — 3 yrs.
Due to Urgent Retention
Due to Pyo Pyelonephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations — No
Of autopsy

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) No
(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 W. D. Dimple (M. D. or other)
Address Lutesville Mo Date signed 1/1/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 142-84
Date Filed 1-14-42

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 J. C. Graham

Licensed Embalmer No. 4010

P. O. Address Centerville, 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.