S. No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6506

State File No. _____

FILED MAR 25 1942

Registration District No. 2879

Primary Registration District No. 4173

Registrar's No. 9 8

35
3
1

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden, Tn.
(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 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35 3
(c) City or town Malden 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Berry
3. (b) If veteran, name war ✓
3. (c) Social Security No. _____
4. Sex Male
5. Color or race White
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of husband or wife Lizzie Berry
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb (Month) 3 (Day) 1861 (Year)

8. AGE: Years 81 Months 0 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Susan, Arkansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business
FATHER
12. Name John Berry 1
13. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Phoebe Benton
15. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Wm. Mills
(b) Address Malden, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Malden, Mo.
18. (a) Signature of funeral director Jennings
(b) Address Malden, Mo.
19. (a) 3-8 (Date received local registrar) (b) Mrs Cora Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 10 hour _____ minute 10 M.
21. I hereby certify that I attended the deceased from 2-14, 1942 to 2-16, 1942
that I last saw him alive on 2-16, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 days
Due to Hypostatic Pneumonia	4 days
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations — 830	
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) —
(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 S. E. Mitchell (M. D. or other) M.D.
Address Malden Mo Date signed 2/17/42

1145

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 342-364
Date Filed 3/12/42

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: [illegible]

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.