

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

FILED APR 7 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 202

Registrar's No. 4

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

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0  
0

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Lincoln Turn  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Death was at her home. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Susan Ann Cyrus Berry,

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm - Harve Berry | 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan, 1st - 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife,

11. Industry or business None,

12. Name Kit, Cyrus,

13. Birthplace Camden Co., Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Elizabeth North

15. Birthplace Camden Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant J.R. Berry

(b) Address Kansas City Mo.,

17. (a) Burial (b) Date thereof March 29, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director G. B. Calvert

(b) Address Lincoln Mo.

19. (a) 4-1-1942 (b) Sue SeLover  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Lincoln  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27<sup>th</sup>  
year 1942 hour 3:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from March 26, 1942, to \_\_\_\_\_, 19\_\_\_\_; that I last saw her alive on March 26, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease  
heart failure

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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 J. H. Bennett (M. D. or other) MD

Address Lincoln Mo. Date signed 3-28-42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 4-42-283

Date Filed 4-6-42

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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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

J. B. Calvert

Licensed Embalmer No. 2500

P. O. Address Lincoln 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.