

FILED APR 13 1942
Registration District No. 582

Primary Registration District No. 5779

Registrar's No. 25

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - JACKSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 MI. W. OF PARIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 80 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 MI. W. OF PARIS
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 31
year 1942 hour MIDNIGHT minute _____ M.
21. I hereby certify that I attended the deceased from June, 1941
to March 29, 1942
that I last saw her alive on March 29, 1942
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME JELITHA BERRY

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife GEORGE BERRY 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased MAY 20, 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 11 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation AT HOME

MOTHER FATHER

11. Industry or business _____

12. Name ISHAM VAUGHN

13. Birthplace VA.
(City, town, or county) (State or foreign country)

14. Maiden name MARY (LAST NAME N.R.)

15. Birthplace MONROE Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Mitchell

(b) Address PARIS, MO

17. (a) BURIAL (b) Date thereof 4-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Walter G. ...
(b) Address PARIS, Mo.

19. (a) APR. 1, 1942 (b) _____
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____

Sensibility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 162 lb

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 F. A. Barnett (M. D. MD)

Address PARIS, Mo. Date signed 4-1-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

900

1274

RECEIVED

District Health Officer No. 10

District File Number 4-9-690

Date Filed APR - 9 1942

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11403

Registration District No. 2-82

Primary Registration District No. 2779

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Rural - Jackson
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Velitha Berry

3. (b) If veteran, name war _____ 3. (c) Social Security No. W

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 80 Months 10 Days _____ If less than one day _____ min.

9. Birthplace (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) _____ (State or foreign country) _____
14. Maiden name _____
15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 4/3/1942 (b) E.H. Agnew
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1942 hour 10:30 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

11403