

Registration District No. 668

Primary Registration District No. 5889

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia Rural 2.00
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt. 3, four miles west of Sedalia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3, four miles west of Sedalia. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1942 hour 7:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Apr 15 42 to April 16 42
that I last saw him alive on April 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 da

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?
: _____

(Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature A. L. Waller (M. D. or other) M 10

Address Sedalia Mo Date signed 4-18-42

3. (a) PRINT FULL NAME William Columbus Berryman

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased Jan 27, 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer Retired

11. Industry or business _____

12. Name William Berryman

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

14. Maiden name Mary Johnson

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

16. (a) Informant Thomas A. Berryman (son)

(b) Address 1029 Splitlog, Kansas City, Kansas

17. (a) Burial (b) Date thereof April 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Camp Ground Benton County Mo.

18. (a) Signature of funeral director Marlene Curing

(b) Address Sedalia, Mo.

19. (a) April 18, 1942 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

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

60
90

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-18-42

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 Erane Ewing

Licensed Embalmer No. 38747

P. O. Address Sedalia

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.