

FILED JUN 10 1942

Registration District No. 684

Primary Registration District No. 4410

Registrar's No. 32

1. PLACE OF DEATH:  
(a) County Pike  
(b) City or town Curryville  
(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 no  
In this community 5-0 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pike  
(c) City or town Curryville  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME John W. Berry  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MAY day 30<sup>th</sup>  
year 1942 hour 6 minute 15 AM

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Alpha H. Berry  
6. (c) Age of husband or wife if alive 19 - 1856  
7. Birth date of deceased: Oct.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death CORONARY THROMBOSIS

8. AGE: Years 85 Months 7 Days 17  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to FOUND DEAD IN BED AT HIS HOME

9. Birthplace Peno. Township Mo

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_  
12. Name John S. B. Berry  
13. Birthplace Kentucky  
14. Maiden name Elizabeth Reeds  
15. Birthplace Louisville Mo

Other conditions \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ina Brown

17. (a) Burial (b) Date thereof May 31-1942

18. (a) Signature of funeral director W. B. Elmore

19. (a) June 3/1942 (b) Mrs Frank Sard

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? \_\_\_\_\_  
(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 Mr. Smith Coroner  
Address Louisiana, Mo Date signed 5/30/42

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

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RECEIVED

District Health Officer No. 10

District File Number 6-42-1228

Date Filed JUN - 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. 3466  
working under my personal supervision.

Signed

W. B. Elmore

Licensed Embalmer No.

3466

P. O. Address

Borhing Green

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.