

FILED JUN 27 10 '42

Registrar's No. **2364**

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**K.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 Mos. & 6 days**  
In this community **3.5 yrs**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1424 Holmes St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Louis Berry**

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. **none**

4. Sex **Male**

5. Color or race **w**

6. (a) Single, widowed, married, divorced, **Single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **August 16 1869**

(Month) (Day) (Year)

8. AGE:

Years **72** Months **10** Days **2** If less than one day hr. min.

9. Birthplace

**Italy**  
(City, town, or county) (State or foreign country)

10. Usual occupation

**Retired Cook**

11. Industry or business

MOTHER FATHER  
12. Name  
13. Birthplace  
14. Maiden name  
15. Birthplace

**no record**  
**Italy**  
**no record**  
**Italy**  
(City, town, or county) (State or foreign country)

16. (a) Informant

**Mellie Cavanaugh**

(b) Address

**1424 Holmes St.**

17. (a) **Burial**

(Burial, cremation, or removal)

(b) Date thereof

**June 20 1942**  
(Month) (Day) (Year)

(c) Place: burial or cremation

**Green Lawn**

18. (a) Signature of funeral director

**Wm. C. R. Foster**

(b) Address

**918 Broadway**

19. (a) **6-19-42**

(Date received local registrar)

(b) **M. M. Crowe**

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18th**  
year **1942** hour **6:00 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **3-12-42** 19\_\_\_\_ to **6-18-42** 19\_\_\_\_  
that I last saw him alive on **6-18-42** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**CHRONIC NEPHRITIS**  
Due to **31B**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **None**

Duration  
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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **Dr. W. R. Johnson** (M. D. or other)  
Address **Med. Dir. K.C. General Hospital** Date signed \_\_\_\_\_

**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 C. H. W. W. W. W.

Licensed Embalmer No. 2570

P. O. Address Kansas City

**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.**