

FILED JUL 14 1942 26  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Fullton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 507 Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

James A. Berry

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1942 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from June 29 1942 to July 5 1942 that I last saw in alive on July 5 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race wh  
6. (a) Single, widowed, married 1 divorced married  
6. (b) Name of husband or wife Mabel R. Berry 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased Aug - 23 1895  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration 5 min.

8. AGE: Years 66 Months 7 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to myocardial degeneration

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

Due to chronic interstitial nephritis

10. Usual occupation Retired mail-carrier

Other conditions chronic prostatitis  
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business Govt mail service

12. Name James Clayton Berry  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Jennie Edwards  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_ Of autopsy 12/10  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mabel Berry  
(b) Address Fullton, Mo.  
17. (a) Removal (b) Date thereof 7-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fullton, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Les S. Wallace  
(b) Address Fullton, Mo.  
19. (a) July 6 - 1942 (b) Margaret Amackie  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. D. Ashburn (M. D. or other) MO  
Address Mexico Mo Date signed 7/6/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
JUL 15 1942

AUG 8 1968

**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 \_\_\_\_\_

*Robert G. White*

Licensed Embalmer No. *4168*

P. O. Address *Fulton, 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.**