

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22453

State File No.

Registration District No. 8-47

Primary Registration District No. 6/12

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Willsboro Williamsburg
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community days years, months or days

3. (a) PRINT FULL NAME

Henry Berry

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Gertrude Berry 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Mar. 3 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business own farm

12. Name O.C. Berry
13. Birthplace D.K. D.K. 9
(City, town, or county) (State or foreign country)
14. Maiden name D.K.
15. Birthplace D.K. D.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Berry
(b) Address Berryville, Ark. Rt. 1
17. (a) Burial (b) Date thereof 4-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Near Viola, Mo.
18. (a) Signature of funeral director Nelson Joseph Hand
(b) Address Berryville, Ark.
19. (a) May 6, 1942 (b) Chester D. Scott
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone 104
(c) City or town Berryville, Ark. Rt. 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1942 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 2-20-39
to 4-17 1942
that I last saw him alive on 6-5-17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death General debility from (Insanity)
Due to _____

Due to _____
Other conditions g48
(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) (c) Means of injury _____
23. Signature A.P. Carter (M. D. or other)
Address Berryville Date signed 4-18-42

Costa

RECEIVED

District Health Officer No. 6,

District File Number 742-923

Date Filed JUL 10 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.....

No Embalming....., 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.