

FILED AUG 14 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution 1223 E Mill st  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Several Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Quinnie E tta Berry

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

4. Sex F M 5. Color white 6. (a) Single, wid married  
/ divorced

6. (b) Name of husband or wife John Luther Berry Age of husband 68 wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 22 (Month) (Day) 1878 (Year)

8. AGE: Years 64 Months 5 Day 24 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Ballard Co Ky (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Habe Bruce

13. Birthplace unknown Ky (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs Rose Berry

(b) Address 1200 E McDaniel st

17. (a) Burial (b) Date thereof 7/18/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Galloway Cemetery

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield MO

19. (a) July 18, 1942 (b) Dr W Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 1223 E Mill St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ///////// 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 th  
year 1942 hour 2:15 minute P M.

21. I hereby certify that I attended the deceased from 7-1-42  
to 7-16 1942  
that I last saw h alive on 7-16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular Disease Duration 3-4 Mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Pulmonary Tbc  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 13/1

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 Handley (M. D. or other) MD

Address Springfield Mo Date signed 7/18/42

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

9  
2  
6

**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 *Laura L. Hall*

Licensed Embalmer No. *2784*

P. O. Address *Springfield, 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.

*X*