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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24475

Registration District No. 398 | Primary Registration District No. 3019 | Registrar's No. 200

CL 0036

48 4 4

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: INDEPENDENCE SANITARIUM & HOSPITAL D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS (Specify whether years, months or days)
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")
(d) Street No. 821 W. MAPLE AVE.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. EDITHA WINFREY BERRY
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife REUBEN T. BERRY
6. (c) Age of husband or wife if alive XXXXXXX years
7. Birth date of deceased 10 (Month) 20 (Day) 1850 (Year)
8. AGE: Years 91 Months 9 Days 6 If less than one day hr. min.
9. Birthplace CARROLLTON (City, town, or county) MISSOURI (State or foreign country) D
10. Usual occupation NONE
11. Industry or business NONE
FATHER 12. Name (UNKNOWN) WINFREY 9
13. Birthplace NO RECORD (City, town, or county) NO RECORD (State or foreign country)
MOTHER 14. Maiden name (UNKNOWN) McCAIN 8
15. Birthplace NO RECORD (City, town, or county) NO RECORD (State or foreign country) 1
16. (a) Informant DR. J. B. BERRY
(b) Address 821 W. MAPLE AVE.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation WOODLAWN
18. (a) Signature of funeral director Henry W. Stahl
(b) Address 815 W. MAPLE AVE.
19. (a) 7-28-42 (Date received local registrar) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26 year 1942 hour 12 minute 27 A.M.
21. I hereby certify that I attended the deceased from July 15, 1942 to July 26, 1942 that I last saw her alive on July 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration
Virus type
Due to Virus infection
Right upper lobe
Due to Middle lobe

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations no operation
Of autopsy

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) no
(b) Date of occurrence —
(c) Where did injury occur? no injury (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 — 0
23. Signature C. H. Allen (M. D. or other) M.D.
Address Independence, Mo. Date signed 7/27/42

1142 (Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No. 3181

P. O. Address Independence

**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.**