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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24737

Registration District No. 192 | Primary Registration District No. 5706 | Registrar's No. 38

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Rural McDonald
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Anderson Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution neither (Specify whether)

In this community 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Ill (b) County Clinton 11

(c) City or town Carlyle 0
(If outside city or town limits, write "RURAL")

(d) Street No. S. 8th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Virginia Mae Berry

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race Indian

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Feb (Month) 4th (Day) 21 (Year)

8. AGE: Years 21 | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace Carlyle (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Oscar Berry
13. Birthplace Carlyle (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name Bessie Williamson
15. Birthplace Fayette Co. (City, town, or county) Ill (State or foreign country)

16. (a) Informant Evelyn Berry
(b) Address Carlyle Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Carlyle Cem

18. (a) Signature of funeral director TATUM FUNERAL HOME
(b) Address Anderson Mo

19. (a) 7-15-42 (Date received local registrar) (b) A W Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from ✓, 19__, to ✓, 19__; that I last saw h__ alive on ✓, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Accidental drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 183.3	
Major findings: Of operations 31 24	
Of autopsy None	

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) Drowned 960
(b) Date of occurrence July 14 1942
(c) Where did injury occur? Anderson Twp McDonald (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No
While at work? No (Specify type of place) (e) Means of injury

23. Signature S. B. Buck (M. D. or other) Coroner
Address Anderson Mo Date signed July 15 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 842-1258
Date Filed AUG 17 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 Me, Registered Apprentice No. working under my personal supervision.

Signed Richard E. Cheatham

Licensed Embalmer No. 3913

P. O. Address Anderson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.