

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34366**
Registrar's No. **15**

FILED NOV 5 1942
Registration District No. **232**

Primary Registration District No. **5812**

1. PLACE OF DEATH:

(a) County **Montgomery**
(b) City or town **Rural Prairie**
(If outside city or town limits, write "RURAL" and name of township)
(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. **60** (Specify whether years, months or days)
In this community **60** years, months or days

3. (a) PRINT FULL NAME **Marj St Clair Berry**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **M. O** 5. Color or race **N** 6. (a) Single, widowed, married **2** divorced **Widowed**
6. (b) Name of husband or wife **Sophie Louise Niederschulte** 6. (c) Age of husband or wife if alive **12** years **1864**
7. Birth date of deceased **June** (Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **2** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Joe K Polk Berry** Ohio
13. Birthplace **Minerva** (City, town, or county) (State or foreign country)
14. Maiden name **Clotilda Abelle Swinford**
15. Birthplace **Olliveburg** (City, town, or county) (State or foreign country)

16. (a) Informant **Flora Berry**

(b) Address **Middleton Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 16 1942** (Month) (Day) (Year)

(c) Place: burial or cremation **Middleton Mo**

18. (a) Signature of funeral director **F.W. Kane**

(b) Address **Middleton Mo.**

19. (a) **Oct 15 1942** (Date received local registrar) (b) **Miss Dorella Holt** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**
(c) City or town **Middleton** (If outside city or town limits, write "RURAL")
(d) Street No. (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 **Oct** day **14** year **1942** hour **11** minute **30** M.

21. I hereby certify that I attended the deceased from **Oct 3** to **Oct 14**, 1942, that I last saw him alive on **Oct 13** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Due to **Chronic Interstitial Nephritis**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **131 a**
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)
(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?

(Specify type of place)
While at work? (c) Means of injury **0**

23. Signature **A. J. Horch** (M. D. or other) **MD**
Address **Middleton Mo** Date signed **10/14/42**

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

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.....

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.