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5-17-39  
X21492

1466

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 21 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 27

Primary Registration District No. 5096

Registrar's No. 79

1. PLACE OF DEATH:

(a) County. Bates

(b) City or town. Mt. Pleasant (Rural)

(c) Name of hospital or institution: At Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. None

In this community. 2.5 yrs.

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Bates

(c) City or town. Rural Mt. Pleasant

(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.

8. (a) PRINT FULL NAME Cynthia Anna Berry

8. (b) If veteran, name war. None

8. (c) Social Security No. None

4. Sex F 5. Color or race Wh

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased. Sept-29-1862

(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1942 hour 11 minute 28 M.

21. I hereby certify that I attended the deceased from 4-6-42 to Dec 16 1942

that I last saw her alive on above date and that death occurred on the date and hour stated above

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>3</u>	<u>5</u>	_____ hr. _____ min.

Immediate cause of death Myocardial Infarction

Coronary Thrombosis

Duration \_\_\_\_\_

9. Birthplace Bates Co. Mo

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

10. Usual occupation At Home

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

11. Industry or business Household Duties

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

12. Name Frank R. Berry

Of autopsy \_\_\_\_\_

13. Birthplace \_\_\_\_\_

22. If death was due to external causes, fill in the following:

14. Maiden name Annida D. Stewart

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

15. Birthplace \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

16. (a) Informant M. C. Berry

(c) Where did injury occur? \_\_\_\_\_

(b) Address Bates Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Rural (b) Date thereof 12-27-42

While at work? No (Specify type of place)

(c) Place: burial or cremation Sharon Cem

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director [Signature]

23. Signature C. A. [Signature] (M. D. or other)

(b) Address Druffel Mo

Address Bates Mo Date signed 12-25-42

19. (a) Dec. 25, 1942 (b) Mrs. Marion Crompton

(Date received local registrar) (Registrar's signature)

1506

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

7  
8

JAN 27 1943

RECEIVED

District Health Officer No. 7,

District File Number 12-42-13 86

Date Filed 1-12-43

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. 1950

P. O. Address Drexel, 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, above space should be left blank.