S. No. 2
M—5-42
5-17-39
X32673

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

Registration District No. 5-12

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1498

Primary Registration District No. 5-12

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Rural Lorance Twp

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

(c) Name of hospital or institution: /

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

(d) Length of stay: In hospital or institution

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger 9 0

(c) City or town Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No. Near Laflin

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Daniel Adam Berry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Zetta Berry

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Mar. (Month) 22 (Day) 1870 (Year)

8. AGE: Years 72 | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Cape Girardeau Co. Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Henry L. Berry

13. Birthplace Cape Girardeau Co. Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name Mary Penturf

15. Birthplace Cape Girardeau Co. Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs A. M. Hutchison

(b) Address 8725 Sandpiper, St Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Barks Chapel Cem.

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

(b) Address Lutesville, Mo.

19. (a) Feb 11 1943 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th year 1943 hour 12:00 minute 20 A. M.

21. I hereby certify that I attended the deceased from January 2, 1943 to Feb. 8, 1943, that I last saw h/m alive on February 8, 1943, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Apoplexy (right).

Due to Arterio Sclerosis

Due to Hypertension

Other conditions Chronic Myocarditis with decompensation

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓ G.B.

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? ✓ (e) Means of injury ✓

23. Signature Albert Estes 0 (M. D. or other)

Address Jackson, Mo Date signed 2-11-43

605 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 243-1794

Date Filed 2-13-43

MAR 2 1943

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 J. E. Graham

Licensed Embalmer No. 7010

P. O. Address Lutesville, 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.