

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3717
Registrar's No. 104

FILED JAN 18 1943
Registration District No. 247

Primary Registration District No. 4508

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Salina - mo
(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 about 38 yrs (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Joseph Robert Berry

3. (b) If veteran,
name war no

3. (c) Social Security
No. no

4. Sex m 5. Color or
race wh

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

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

6. (c) Age of husband or wife if
alive 76 years

7. Birth date of deceased march 12 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 0 If less than one day
hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Thomas Jefferson Berry

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Berry

(b) Address Smackover Ark

17. (a) Burial (b) Date thereof Dec 14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salina, mo

18. (a) Signature of funeral director Everett Cheatham

(b) Address Salina mo

19. (a) Dec 14/42 (b) Nellie Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone
(c) City or town Salina
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1942 hour 1 minute 5 P.M.

21. I hereby certify that I attended the deceased from
Dec. 7, 1942 to Dec. 11, 1942

that I last saw him alive on Dec. 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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?

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

23. Signature Marshall Shockey (M.D. or other)
Address Box 235 Salina, Mo Date signed Dec. 16, 1942

1172

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number

143-57

Date Filed

JAN 15 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

Errett J. Cheatham

Licensed Embalmer No.....

3870

P. O. Address

Salina, 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.