S. No. 2
—1-4-41
—17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

Registration District No. 40

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6122-4051

State File No. 5786

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Hallsville (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 — (Specify whether In this community 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

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

(d) Street No. — (If rural, give location) 0

(e) Citizen of foreign country? — 0 (~~Yes~~ or No)

If yes, name country

3. (a) PRINT FULL NAME Carrie Berkley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John L. Berkley

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

7. Birth date of deceased Sept. (Month) 23 (Day) 1869 (Year)

8. AGE: Years 73 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Boone Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Invalid

11. Industry or business

FATHER
12. Name Lewis G. Berry
13. Birthplace (City, town, or county) K.Y. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ann Dysart
15. Birthplace (City, town, or county) N.K.Y. (State or foreign country)

16. (a) Informant W. F. Berry

(b) Address Versailles Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Red Top Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia Mo.

19. (a) Jan 9, 1943 (Date received local registrar) (b) Mrs Ralph Bryan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day seventh year 1943 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from January 7 (4:00 am.) 1943, to January 7th 1943; that I last saw her alive on January 7 at 10:15 am 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
SENILITY - History of Senile Dementia	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

162a

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 Burnham Brooke (M.D. or other) D.O.

Address Hallsville Missouri Date signed Jan 7/43

1243

(Licensed Embalmer's Statement on Reverse Side)

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. 4132

P. O. Address.....

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, fact should be so stated above.