

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 269

Primary Registration District No. 5907

Registrar's No. 9

**1. PLACE OF DEATH:**

(a) County Pike

(b) City or town Rural near Coates  
(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 2 years years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pike

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

(d) Street No. Near Coates  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** William Mathews Berry

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or White

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

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

7. Birth date of deceased Sept- 20 1878  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan - day 20  
year 1943 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from on Jan 20-1943  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;

that I last saw him alive on Jan. 20 \_\_\_\_\_ 1943  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>64</u>	<u>4</u>	<u>0</u>	hr. _____ min.

Immediate cause of death Coronary Thrombosis

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

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

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

Other conditions (Include pregnancy within 3 months of death) 94a

10. Usual occupation \_\_\_\_\_

11. Industry or business Farmer

12. Name Junie B. Berry

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

14. Maiden name Julia Snyder

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

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

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

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant Charlie Berry

(b) Address Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director W. E. Dean

(b) Address Portageville, Mo.

19. (a) 3-3-43 (Date received local registrar) (b) C. C. Limbaugh (Registrar's signature)

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

23. Signature H. T. O'Kelley (M. D. or other) MD  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

78  
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MOVIER FATHER

1201

2-43-50

MAR 17 1943

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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

*Noel C. Dean*

Licensed Embalmer No.

*3941*

P. O. Address

*Portageville 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.