

RECEIVED

District Health Officer No. 7,

District File Number 3-43-6

Date Filed 4-3-43

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. _____

P. O. Address _____

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9920

State File No.

Registrar's No. 86

FILED APR 14 1943

Registration District No. 62

Primary Registration District No. 5239

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Linn Township- Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community. XXX (Specify whether
years, months or days)

3. (a) PRINT Donald Wayne Berry
FULL NAME

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

4. Sex Male 5. Color or white 6. (a) Single, widowed, married, divorced single
7. Birth date of deceased Feb. 2, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
000 1 4 XXXXXXXX min.

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

10. Usual occupation XXXX

11. Industry or business XXXX

MOTHER FATHER { 12. Name C. E. Berry
13. Birthplace Stockton, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Nellie Copeland
15. Birthplace Fairplay, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant C. E. Berry
(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) 3-29-43 (b) Mrs. Ethel Church (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Linn Township- Rural (If outside city or town limits, write "RURAL")
(d) Street No. XXX (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 43 hour minute M.

21. I hereby certify that I attended the deceased from 2.2.43
to 2.28.1943
that I last saw him alive on 2.28.1943
and that death occurred on the date and hour stated above.

Immediate cause of death. B- Pneumonia

Duration 10 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Wm. B. Richter (M. D. or other)
Address Stockton, Mo. Date signed 3.9.43

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

1298

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9920
Registrar's No. 86

Registration District No. 62

Primary Registration District No. 5239

1. PLACE OF DEATH:

- (a) County Cedar
(b) City or town Rural
(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 years, months or days)

3. (a) PRINT
FULL NAME

Donald W. Berry

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex M

5. Color W

6. (a) Single, widowed, married,
divorced 5

6. (b) Name of husband or wife

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

7. Birth date of deceased

Feb 2
(Month) (Day) (Year)

1943
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

St. Louis, Mo.
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

St. Louis, Mo.
(City, town, or county)

Mo.
(State or foreign country)

14. Maiden name

15. Birthplace

St. Louis, Mo.
(City, town, or county)

Mo.
(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March
year 1943 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from
that I saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death B - Pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 Wm B Richter (M. D. or other)
Address Stockton, Mo Date signed 4-25-43

PHYSICIAN

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

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

