

FILED APR 10 1943
Registration District No. 1810

Primary Registration District No. 5364

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Rural Liberty Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Daviess County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Gallatin
(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 ---

3. (a) PRINT FULL NAME Oscar Berkshire

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased May 2 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>10</u>	<u>10</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business General Labor

12. Name William Berkshire

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

14. Maiden name Maggie Geeter

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

16. (a) Informant Daviess Co. Home Records

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 3-13-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Life Cemetery

18. (a) Signature of funeral director Hope Furn. & Und. Co.

(b) Address Gallatin, Mo.

19. (a) 3-12-1943 (b) H. O. Jickens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from July 2
1942 to March 12, 1943;
that I last saw him alive on March 1, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive
cardiovascular renal disease

Due to prostatic hypertrophy
Senile gangrene of right leg

Due to fracture right hip

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? ---

23. Signature H. W. Bailey (M. D. or other) ---

Address Gallatin, Mo. Date signed 3/12/43

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

100

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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..... *L. A. Richerson*.....
Licensed Embalmer No. *3302*.....
P. O. Address *Dallatin, 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.