

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Fultonville

(c) Name of hospital or institution Laughlin Hosp.  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sally

(c) City or town Sally  
(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.....

3. (a) PRINT FULL NAME William Clarence Berry

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1943 hour 8 minute 21 A.M.

4. Sex M 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 13, 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 31, 1943 to April 13, 1943.

that I last saw him alive on April 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

8. AGE: Years 69 Months 9 Days..... If less than one day..... hr..... min.

Due to.....

Due to.....

9. Birthplace Hopkell Co Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Fanner

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name Joseph Berry

13. Birthplace Hopkell Co Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Berry

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

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?

16. (a) Informant Mrs. S. S. Koplovitz

(b) Address Homeraville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Shelburne

18. (a) Signature of funeral director Shelburne

(b) Address Shelburne

19. (a) 4/13/43 (Date received local registrar) (b) Mrs. J. H. Wagner (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury 2

23. Signature Joyce Massard (D. of other)

Address Laughlin Hospital Date signed 4/13/43

RECEIVED

District Health Officer No. 10

District File Number 5-43-805

Date Filed MAY 16 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.....

*E. H. Hayes*  
Licensed Embalmer No. 1437

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.