

No. 2
-441
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18414

State File No.

Registrar's No. 78

DEAD JUN 11 1943
Registration District No. 213

Primary Registration District No. 5781

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

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Lake Ozark
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Lake Ozark
(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 Lewis Gilbert Berkley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Betty Berkley

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

7. Birth date of deceased September 19 1852
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	6	22	hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Ben Berkley

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

{ 14. Maiden name Elizbeth Williams

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

16. (a) Informant Mrs. George Cunningham

(b) Address Lake Ozark, Missouri

17. (a) Burial (b) Date thereof 4-14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenridge Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) April 15, 1943 (b) C. R. Hawkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1943 hour 11 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 1
1941 to April 11 1943
that I last saw him alive on April 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of face

Duration 2

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: 53

Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (2) Means of injury

23. Signature G. D. Walker (M. D. or other) _____

Address Eldon Mo. Date signed 4/17/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Miller County Health Dep't

County File Number 43-46

Date Filed 6-9-43

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.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.