

FILED SEP 10 1943

Registration District No. 3010

Primary Registration District No. 3010

1. PLACE OF DEATH:  
 (a) County CAPE Girardeau  
 (b) City or town CAPE Girardeau  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
ST. FRANCIS HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 DAY  
 In this community 47 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County CAPE Girardeau  
 (c) City or town CAPE Girardeau  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 913 Bloomfield  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME MARY ELANOR BERRY  
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug day 14  
 year 1943 hour 5 minute P M.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widow  
 6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 24 years  
 7. Birth date of deceased MARCH 24 1866  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1943 to Aug. 14 1943  
 that I last saw her alive on Aug. 14 - 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
77 4 20 hr. min.

Immediate cause of death Chr Myocarditis  
 Due to 93d  
 Due to .....

9. Birthplace MILLSHAW ILL  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation House Wipe

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

MOTHER FATHER  
 11. Industry or business  
 12. Name A. J. Dunn  
 13. Birthplace ILL (State or foreign country)  
 14. Maiden name LUCILLA HALL  
 15. Birthplace unknown (State or foreign country)

Major findings: Of operations  
 Of autopsy  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs VILLA BLAIR  
 (b) Address CAPE Girardeau Mo  
 17. (a) BURIAL (b) Date thereof Aug 16-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Fairmont  
 18. (a) Signature of funeral director J. Chowell  
 (b) Address CAPE Girardeau Mo  
 19. (a) 8-21-43 (b) F. K. Phelps  
 (Date received local registrar) (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) (c) Means of injury  
 23. Signature D. B. Elrod (M. D. or other)  
 Address CAPE Girardeau Mo Date signed 8/16/43

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

16  
1  
4

1014

RECEIVED

District Health Officer No. 4  
District File Number 943-2729  
Date Filed 9-9-43

---

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Joe S. Howell

Licensed Embalmer No. 3390

P. O. Address Cap Brandon 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.