

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32916**

FILED OCT 4-1943

Registration District No. **78**Primary Registration District No. **4286**Registrar's No. **81**

1. PLACE OF DEATH:

(a) County **Lewis**
(b) City or town **La Grange**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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) **80 Years 11 Months 12 Days**

3. (a) PRINT FULL NAME **Benjamin Samuel Berry**

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 **Married**
6. (b) Name of husband or wife **Cora Berry** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **October 7th. 1862** (Month) (Day) (Year)

8. AGE: Years **80** Months **11** Days **12** If less than one day hr. min.

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

10. Usual occupation **Carpenter**

11. Industry or business

12. Name **Benjamin Berry**
13. Birthplace **La Grange Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Mary A. Elphie**
15. Birthplace **La Grange Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 22. 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **La Grange, Mo.**18. (a) Signature of funeral director **M. J. Roberts**(b) Address **La Grange, Mo.**

19. (a) **9-28-43** (Date received local registrar) (b) **C. W. Jennings** (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**
(c) City or town **La Grange** (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 **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **19** year **1943** hour **1** minute **30 A** M.

21. I hereby certify that I attended the deceased from **Oct 8** 1942 to **SEPT 19** 1943 that I last saw him alive on **SEPT 18** 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

CHRONIC CYSTITIS + NEPHRITIS

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

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

Where did injury occur?

(c) (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 **C. W. Jennings** (M. D. or other)Address **La Grange** Date signed **9/23/43**

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

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.....

A.A.Roberts

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **1626**

P. O. Address **La Grange, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Oct.

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Leura
(b) City or town La Grange
(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 Life years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Benjamin S. Berry

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Oct. 7 - 1943
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 1 If less than one day _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Benjamin Berry

13. Birthplace La Grange Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary G. Elphie

15. Birthplace La Grange Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant L. W. Berry

(b) Address Columbia 740

17. (a) Burial (b) Date thereof 9/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange Mo

18. (a) Signature of funeral director M. S. Smith

(b) Address La Grange Mo.

19. (a) Sept. 20 (b) D. W. Berry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Leura

(c) City or town La Grange
(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 Sept day 20 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;

that I last saw him _____ 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

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