

FILED NOV 1 1943

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**ST Joseph h Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution **25 Days**  
In this community **55 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3221 East 29th st**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **no**

3. (a) PRINT FULL NAME **Mrs Cora Alice Berry**

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

4. Sex **fe** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Arthur L. Berry** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **Sept 20 1870**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **I** Days **I** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Berry Dry Goods Store 25**

12. Name **R.C. Scott**

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

14. Maiden name **Mary Garmon**

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

16. (a) Informant **A Rthur L. Berry**

(b) Address **3221 East 29th St**

17. (a) **Burial** (b) Date thereof **10 23 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood Blvd**

19. (a) **10-22-43** (b) **H. E. Brown**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **21**  
year **1943** hour **9** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **Oct 1st** to **Oct 21st** 19**43**  
that I last saw her alive on **Oct 21st** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **12 hrs**

Due to **Atherosclerosis**

Due to **Carcinoma of ovary**

Other conditions **years**  
(Include pregnancy within 3 months of death)

Major findings: **490**  
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 **James P. Smith** (M. D. or other professional title) Date signed **10/21/43**  
Address **Professional Bldg**  
**R.C. Leo**

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

MOTHER FATHER

1, P. M.  
Williams Argyle Bldg

Dr. Vincent Williams

DR VINCENT WILLIAMS  
ARGYLE BLDG

J. A. Smith  
E

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.