

FILED DEC 10 1943
Registration District No. **3006-5120**

Primary Registration District No. **3006-5120**

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
107 W. Ash St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Maggie Berry

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

4. Sex F
5. Color or race colored
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Lewis Berry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 4 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months Days
If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name Alex Harris
13. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Alice Harris
15. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Berry
(b) Address R. F. D. Columbia Mo

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 11-16-43
(Month) (Day) (Year)
(c) Place: burial or cremation Lay Providence cem

18. (a) Signature of funeral director A. C. Freeman
(b) Address 608 Park Ave Columbia

19. (a) 11-16-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 107 W. Ash St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12
year 1943 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 7
7 1943, to Nov 12, 1943
that I last saw her alive on Nov 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arterio sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
8 ds

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
(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?

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

23. Signature AWKrup's child (M. D. or other)
Address Columbia, Mo Date signed 11-15-43

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

MOTHER FATHER

1250

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

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia MS

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.