

FILED MAY 13 1944

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 78

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

3. (a) PRINT FULL NAME BERRY RICHARD GILL  
3. (b) If veteran, name war. No.  
3. (c) Social Security No.

4. Sex Male  5. Color or race White  
6. (a) Single, widowed, married, divorced  Single  
6. (b) Name of husband or wife.  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased. 4 - 17 - 1944 (Month) (Day) (Year)

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

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

10. Usual occupation.

11. Industry or business.

MOTHER FATHER { 12. Name. Max E. Gill  
13. Birthplace. Chillicothe Missouri (City, town, or county) (State or foreign country)

14. Maiden name. Mary Kessler.

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

16. (a) Informant. Max E. Gill  
(b) Address. 1701 University Ave. Columbia, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof. 4-18-44 (Month) (Day) (Year)  
(c) Place: burial or cremation. St. Louis, Mo.

18. (a) Signature of funeral director. Barker's  
(b) Address. Columbia, Mo.

19. (a) 4-18-1944 (b) 6. G. H. Barber (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County. Boone 10  
(c) City or town. Columbia (If outside city or town limits, write "RURAL")  
(d) Street No. 1701 University Ave. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1944 hour 8:57 minute P. M.

21. I hereby certify that I attended the deceased from April 16 1944 to April 17 1944 that I last saw him alive on April 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death. Congenital atelectasis causing suffocation. Due to. Cause unknown had to be kept on oxygen from birth

Other conditions. (Include pregnancy within 3 months of death) 161a

Major findings: Of operations.

Of autopsy. Above & evidence of partial exthorablastosis

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. O. B. Bradish (M. D. or other) Address. 205 Exchange Bldg Date signed 4/18/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1200

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 5-11-44

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 *Chad L. Pring*

Licensed Embalmer No. 4138

P. O. Address Columbia, S.C.

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.