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0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27178

FILED AUG 21 1944

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 173

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: x / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether In this community £ Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia T.S. Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. " T.S. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country x 0

3. (a) PRINT FULL NAME Emma J. Berry

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife M. F. Berry

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

7. Birth date of deceased April 25 1862 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Monroe Co Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business John " 1

FATHER
12. Name " B Allison
13. Birthplace Virginia / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth M Woodson
15. Birthplace Virginia / (City, town, or county) (State or foreign country)

16. (a) Informant T. J. Holloway

(b) Address Col R.6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Red Top

18. (a) Signature of funeral director R. Wiggett

(b) Address Columbia Mo

19. (a) 7-22-1944 (Date received local registrar) Edna H. Barbee (Registrar's signature)

1250

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st year 1944 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from July 20 1944, to July 22 1944; that I last saw her alive on July 21 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Cardiac decompensation	July 21 " 22 1944
Due to Senile debility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95C2	
Of autopsy	

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 Dr Walter Sparks (M. D. or other) DO

Address Columbia Date signed 7/22/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-18-44

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 [signature]

Licensed Embalmer No. 3183

P. O. Address Columbia

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.