

FILED AUG 17 1944
Registration District No. 347

Primary Registration District No. 6168

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Stone Co
(b) City or town Linsell Rural
(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 One month (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Elijah Berkley
(b) If veteran, name war ✓
(c) Social Security No. ✓

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Nanah Berkley 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased March 24 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business ✓

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. W. O. Jackson
(b) Address Malena, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28/44 (Month) (Day) (Year)
(c) Place: burial or cremation Sto Otto Stone Co

18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Malena Mo

19. (a) July 30/44 (Date received local registrar) (b) Mellie Irons (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stone
(c) City or town Elseph Rural (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26 year 1944 hour 4 minute AM
21. I hereby certify that I attended the deceased from May - 10 1936 to June - 26 1944
that I last saw him alive on June 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Renal disease Duration 10 yr

Due to Senility

Due to Hypertension

Other conditions 13/2
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓
Of autopsy none

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? no (Specify type of place) (e) Means of injury no

23. Signature N. L. Kerr (M. D. or other) _____
Address Crawle Mo Date signed June 27-44

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

RECEIVED
District Health Officer No. 64
District File Number 844-920
Date Filed AUG 15 1944

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 Everett L. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.