

FILED OCT 24 1944
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4060**

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

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:
3327 East 19th St Terrace
(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 **1** year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **42**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3327 East 19th St Terrace**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **no** **0**

3. (a) PRINT FULL NAME **Harvey P. Berry**
 3. (b) If veteran, name war **War With Spain**
 3. (c) Social Security No. **no**

20. DATE OF DEATH: Month **Oct** - day **9**
 year **1944** hour _____ minute _____ M.

4. Sex **Male** 0 5. Color or race **Wh**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **unk.** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **unknown**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____
 that I last saw him alive on **Deputy Coroner** 19 _____
 and that death occurred on the date and hour stated above.

8. AGE: Years **About 77** Months **9** Days **nk**
 If less than one day _____ hr. _____ min.

Immediate cause of death: **Coronary Arteriosclerosis**
 Due to _____
 Due to _____ **94a**

9. Birthplace **Penn** (City, town, or county) (State or foreign country)
 10. Usual occupation **Retired**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy **Inspection**

11. Industry or business _____
 12. Name **Berry**
 13. Birthplace **Penn** (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Frank Griffin**
 (b) Address **5050 Paseo**
 17. (a) **Removal** (b) Date thereof **Oct 12th**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Atmore Alabama**

22. If death was due to external causes, fill in the following:
 (c) 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? _____

18. (a) Signature of funeral director **Atmore Funeral Home**
 (b) Address **1800 Linwood**
 19. (a) **10-10-44** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature **A. E. Upsher** (M. D. or other) _____
28 McCoy Date signed **10/10/44**

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 Chas E Welk

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.