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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED NOV 1944

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **34850**

Registration District No. **235**

Primary Registration District No. **5817**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County **Morgan**
 (b) City or town **Fortuna, (Rural) Miss. Creek**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____
(Specify whether years, months or days)
 In this community **10 Years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Morgan** **71**
 (c) City or town **Fortuna (Rural)** **0**
(If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **Native** (Yes or No)
 If yes, name country _____ **0**

3. (a) PRINT FULL NAME **John Wesley Berkey**
 3. (b) If veteran, name war: **None** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **October** day **27**
 year **1944** hour **10** minute **55** A. M.
 21. I hereby certify that I attended the deceased from **July 3-**
41 to **Oct 27**, 19**44**
 that I last saw him alive on **Oct 26**, 19**44**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary Jane Berkey** 6. (c) Age of husband or wife if alive **66** years
 7. Birth date of deceased **June 18 1875**
(Month) (Day) (Year)

Immediate cause of death
Acute Bronchitis **3 days**
 Due to **Chronic fibroid tuberculosis** **Several years**
Culosis **4 years**
 Due to **Pulmonary Emphysema** **Several years**

8. AGE:	Years	Months	Days	If less than one day
	69	4	9	hr. _____ min. _____

9. Birthplace **Johnstown, Penn** **1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **Hiram Berkey**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth George**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alfred Berkey** **1**

(b) Address **Warrensburg, Missouri**

17. (a) **Burial** (b) Date thereof **10-29-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **AKINSVILLE**

18. (a) Signature of funeral director **Jasper G. Richards**

(b) Address **Dixton miss**

19. (a) **10-29-44** (b) **Opal Boulware**
(Date received local registrar) (Registrar's signature)

Other conditions **138**
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 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? _____

While at work _____
(Specify type of place) (e) Means of injury _____
 23. Signature **W. S. Burn** (M. D. or other) _____
 Address **Versailles, Mo** Date signed **10/28/44**

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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 Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton 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.