

DEPARTMENT OF COMMERCE

FILED DEC 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37727

State File No.

Registration District No. 120

Primary Registration District No. 4198

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town King City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(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 50 yrs.
years, months or days)

3. (a) PRINT FULL NAME MYRTLE MAY BERRY

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harvey Berry
6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Feb. 7, 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 28
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Louella Pratt
13. Birthplace Albany, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Matilda J. Goldberry
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Taylor

(b) Address 2502 Douglas Ave. St. Louis

17. (a) Burial (b) Date thereof Nov. 10, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director Lyle M. Wilson

(b) Address King City, Mo.

19. (a) Nov. 13, 1944 (b) James D. Webster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town King City, Mo.
(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 Nov day 4
year 1944 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from viewed body after death
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
myocardial degeneration due to
atherosclerosis
Due to atherosclerosis
Due to atherosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 930

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
Means of injury 200
23. Signature Dr. J. H. Barnes (M. D. or other)
Address King City, Mo. Date signed 11/9/44

24. Signature of coroner W. C. Coroner

25. Signature of registrar James D. Webster

26. Signature of informant Mabel Taylor

27. Signature of funeral director Lyle M. Wilson

28. Signature of registrar James D. Webster

29. Signature of informant Mabel Taylor

30. Signature of funeral director Lyle M. Wilson

31. Signature of registrar James D. Webster

32. Signature of informant Mabel Taylor

33. Signature of funeral director Lyle M. Wilson

34. Signature of registrar James D. Webster

35. Signature of informant Mabel Taylor

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

Nov. 13-1944 1108 (Licensed Embalmer's Statement on Reverse Side)

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.....

Lucile M. Wilson

Licensed Embalmer No..... *2830*

P. O. Address..... *King City, 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.