

FILED MAR 20 1945  
Registration District No. **22**

Primary Registration District No. **1000**

Registrar's No. **270**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Mo. Methodist Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
(Specify whether  
In this community **1 day**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gentry**  
(c) City or town **Gentry, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

3. (a) PRINT  
FULL NAME

**Marion Newton Beery**

3. (b) If veteran,

name war **none**

3. (c) Social Security

No. **none**

4. Sex **male**

5. Color or  
race **white**

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

6. (b) Name of husband or wife  
**Harriet Anna Beery**

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

7. Birth date of deceased **April 23 1857**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**87 10 2** hr. min.

9. Birthplace **Gentry county Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

11. Industry or business

12. Name **Seth L. Beery**

13. Birthplace **unknown Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Malinda Filbert**

15. Birthplace **unknown Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George W. Beery**

(b) Address **St. Joseph, Mo.**

17. (a) **removal** (b) Date thereof **2/26/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stanberry, Mo.**

18. (a) Signature of funeral director **Neaton Pickle + Bowman**

(b) Address **319 So. 10th**

19. (a) **2/26/45** (b) **Nolan J. Pickle**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **25**  
year **1945** hour **10 45** minute **9** A.M.

21. I hereby certify that I attended the deceased from  
**Feb 24 1945 to Feb 25 1945**  
that I last saw him alive on **Feb 24, 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **18 hrs**  
Due to **Arteriosclerosis General** unknown

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **None**  
Of autopsy **None**  
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 **0**

23. Signature **E. M. Shores** (M. D. or other) **M.D.**  
Address **317 1/2 N. 10th St. Bldg** Date signed \_\_\_\_\_

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

**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

*Edward A. Brennan*

Licensed Embalmer No. \_\_\_\_\_

*1710*

P. O. Address \_\_\_\_\_

*St. Joseph 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.**