. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9045

Registration District No. 42 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 Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 mo. 6 days (Specify whether years, months or days)
In this community: 1 month 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Andrew
(c) City or town: Amazonia (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

3. (a) PRINT FULL NAME: Frank A. Berry
3. (b) If veteran, name war: World War #1
3. (c) Social Security No. 488-14-4331
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 1 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
57	8	5	hr. min.

9. Birthplace: Amazonia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: time keeper
11. Industry or business: Burlington Railroad
FATHER 12. Name: John Berry
13. Birthplace: unknown (City, town, or county) Sweden (State or foreign country)
MOTHER 14. Maiden name: Mary Segergren
15. Birthplace: unknown (City, town, or county) Sweden (State or foreign country)
16. (a) Informant: H. E. Peterson
(b) Address: St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/ 9/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Amazonia, Mo. Cemetery
18. (c) Signature of funeral director: Vester Bethel & Bauman
(b) Address: 319 So. 10th. Street
19. (a) 3/7/45 (Date received local registrar) (b) Velma J. Fickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1945 hour 6 minute 45 A. M.
21. I hereby certify that I attended the deceased from Jan. 29, 1945, to March 6, 1945, that I last saw him alive on March 5, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	7 ds
Due to Chronic Glomerulonephritis	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	10 d
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? (Specify type of place)
While at work? (Specify means of injury)
23. Signature: Walter Adam (M. D. or other)
Address: Kirkwood Bldg. Sedalia, Mo. Date signed 3/6/45

877 (Licensed Embalmer's Statement on Reverse Side)

OCT 1 1945

Dr. G. A. Lacs
Kirk Bldg.

APR 20 1945

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 Gerald I. Wade

Licensed Embalmer No. 4172

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.