S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9219

State File No.

Registration District No. FILED MAR 28 1945

Primary Registration District No. 5142

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural - Neelyville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 38
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Rural - Neelyville
(If outside city or town limits, write "RURAL")

(d) Street No. 1½ Mi. N.W. of Neelyville, Mo
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME R. T. BERRY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 29 (Day) 1871 (Year)

8. AGE: Years 73 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Linden (City, town, or county) TENN (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name Ben Berry
13. Birthplace Unknown (City, town, or county) Ga. (State or foreign country)

MOTHER
14. Maiden name Sarah Craig
15. Birthplace Unknown (City, town, or county) Ga. (State or foreign country)

16. (a) Informant Thomas E Berry
(b) Address Rt. #6 Poplar Bluff, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 18 (Day) 1945 (Year)
(c) Place: burial or cremation Burial Woodlawn

18. (a) Signature of funeral director Black Mortuary
(b) Address Conway Ark

19. (a) 3/17/45 (Date received local registrar) (b) J Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1945 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from March 16, 1945, to March 16, 1945; that I last saw him alive on March 16, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy.	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations 83a	
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? (e) Means of injury 0

23. Signature F. F. Farr (M. D. or other)

Address Neelyville Date signed March 17.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 345-468
Date Filed 3/23/45

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 William P. Peary, Registered Apprentice No. 371, working under my personal supervision.

Signed Vilas Johnson
Licensed Embalmer No. 686-4271
P. O. Address Corning, Ark.

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.