S. No. 2
M—8-43
. 5-17-39
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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

State File No. 13926

FILED APR 26 1945

Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 110

1. PLACE OF DEATH:

(a) County MARION Co.

(b) City or town HANNIBAL, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Claude Edwin Berrey

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

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 NOV. (Month) 1 (Day) 1944 (Year)

8. AGE: Years | Months 5 | Days 14 | If less than one day ___ hr. ___ min.

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

10. Usual occupation NONE

11. Industry or business ✓

FATHER
12. Name Lewis Berrey
13. Birthplace Audrain Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ethel Montgomery
15. Birthplace Ralls Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Lewis Berrey
(b) Address PARIS, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof APR. 14, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE, PARIS

18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris, Missouri

19. (a) 4-17-45 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 15
year 1945 hour 1 minute P M.

21. I hereby certify that I attended the deceased from 4-12th, 1945, to 4-13-, 1945
that I last saw him alive on 4-13-, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebro-Spinal Meningitis Non Contagious	48 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 8/w	
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

23. Signature Elbert Baker (M. D. ~~or other~~)

Address PARIS, MO. Date signed 4/15/45

1074

(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 Not Embalmed

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address Paris, Missouri

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.