. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23352

FILED AUG 13 1945

State File No.

Registration District No. 9 Primary Registration District No. 5036 Registrar's No.

4
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0

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Rual, Wilson Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. 1, Thompson (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

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

(d) Street No. R.F.D. #1, Thompson (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Lulu Berry

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife C.M. Berry

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 28, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	10	23	hr. min.

9. Birthplace Audrain County, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name William P. Gant

13. Birthplace Audrain County, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Julia Doty

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Turner Berry

(b) Address Thompson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 45 (Month) (Day) (Year)

(c) Place: burial or cremation Long Branch Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address Mexico, Mo.

19. (a) Aug. 3, 1945 (Date received local registrar) (b) Mrs. Archie Clayton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1945 hour 7:45 minute A M.

21. I hereby certify that I attended the deceased from July 15, 1945, to July 21, 1945; that I last saw her alive on July 21, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis with acute myocardial failure	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (e) Means of injury

23. Signature F. A. Barnett (M. D. or other) MD

Address Gavin, Mo. Date signed 7-22-45

1079

(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 Earl E. Precht, Registered Apprentice No. _____, working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.