

FILED **2169** 1945
Registration District No. **2072**

Primary Registration District No. **3072**

1. PLACE OF DEATH:

(a) County **Saline**

(b) City or town **Marshall**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Fitzgibbon Hospital 0**
(If in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**
(Specify whether)

In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline 97**

(c) City or town **Sweet Springs 3**
(If outside city or town limits, write "RURAL")

(d) Street No. **302 S Elm 0**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **MARY W. BERRY**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20**
year **1945** hour **04** minute **05 a.m.**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Edwin H Berry** 6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **March 9 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 16 1945** to **July 20 1945**
that I last saw her alive on **July 19 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	73	4	11	hr. _____ min. _____

Coronary occlusion **5 days**

Due to **Arterial hypertension**

Due to **Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation **House wife**

11. Industry or business **at home**

12. Name **Charles Walker**

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

14. Maiden name: **Martha Thomas**

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

16. (a) Informant **M. W. Berry**

(b) Address **Sweet Springs Mo**

17. (a) **burial** (b) Date thereof **July 21 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fareham Cemetery**

18. (a) Signature of funeral director **Jess H. Berry**

(b) Address **Sweet Springs Mo**

19. (a) **7-21-45** (b) **M. W. Berry**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **None**

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 **William W. D.** (M. D. or other)

Address **Marshall Mo** Date signed **7-20-45**

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

77
1
2

1215

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-8-45

FEB 23 1946

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 MR
....., Registered Apprentice No.....
working under my personal supervision.

Signed Jesse Haney
Licensed Embalmer No. 2214
P. O. Address Sweet Springs MS

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.