7. S. No. 2
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ev. 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. 26047

FILED AUG 22 1945

Registration District No. 22 Primary Registration District No. 1002 Registrar's No. 3292

**1. PLACE OF DEATH:**
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3221 East 29 th, Street K.C. Mo.
(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 50 Years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3221 East 29 th, Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARTHUR LOVEJOY BERRY
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Cora Alice Berry
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased March (Month) 11 th, (Day) 1864 (Year)
8. AGE: Years 81 Months 4 Days 23 If less than one day hr. min.
9. Birthplace Columbus City (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Retired Merchant
11. Industry or business General Dry Goods Store
FATHER 12. Name William B. Berry
13. Birthplace Unknown (City, town, or county) Virg. (State or foreign country) 1
MOTHER 14. Maiden name Elmina Bennett
15. Birthplace Clark County (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant Maude S. Mc Clelland
(b) Address Cameron, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemeter
18. (a) Signature of funeral director Mellody-McGilley-Evla
(b) Address 1800, Linwood Blvd. K.C. Mo.
19. (a) 8-6-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 4 th year 1945 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from July 30 1944 to Aug. 4 1945 that I last saw alive on 19 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral hemorrage | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Senility | |
| 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: no
(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 Henry George (M. D. or other)
Address 2114 Cleveland Date signed 8-6-45

(Licensed Embalmer's Statement on Reverse Side)

26[redacted]eland
L1 6001

## 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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address Kansas City

**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.**