

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED SEP 21 1945

Registration District No.

Primary Registration District No.

3002

103

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1030 S. Washington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Allen Berryman

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Berryman 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 2, 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 1 If less than one day
hr. min.

9. Birthplace Estelle County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired merchant

11. Industry or business

MOTHER FATHER { 12. Name George Barryman
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Vina Jane Spry
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant George Barryman

(b) Address 2967 Oak St. Quincy, Ill

17. (a) Burial (b) Date thereof Aug. 5, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Belle, Mo

18. (a) Signature of funeral director Paul E. Pugh

(b) Address Mexico, Mo.

19. (a) 8/4/45 (b) Margaret H. Maden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1030 S. Washington St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3
year 1945 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from Aug, 1944, to Aug 3, 1945,
that I last saw him alive on Aug 2, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon
Carcinoma Lung

Due to _____
Due to _____

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

Major findings:
Of operations H6
Of autopsy _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury 9

23. Signature Frank J. Kelly (M. D. or other) MD
Address 117 E. Monroe Mexico, Mo Date signed 8/4/45

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 9-45-1475

Date Filed SEP 19 1945

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.