

FILED OCT 18 1945

Registration District No. _____

Primary Registration District No. 3012

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
602 N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 602 N. Main
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sovetta Sidney Berry

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 24 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Thomas Scott

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

14. Maiden name Unknown

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

16. (a) Informant Earl Sidney

(b) Address 602 N. Main

17. (a) Burial (b) Date thereof 9-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg, Mo.

18. (a) Signature of funeral director Claude Richard

(b) Address Excelsior Springs, Mo.

19. (a) 9/24/45 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 9TH
year 1945 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from August 19, 1945 to Sept. 9, 1945
that I last saw her alive on Sept. 4, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration Sudden

Due to Arterial Sclerosis Causing Coronary Disease of Heart

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations none made Of autopsy none made
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? _____

While at work? _____ (Specify type of place) _____
(M. D. or other) _____

23. Signature John J. Grace (M. D. or other) M.D.
Address Excelsior Springs Date signed 9/10/45

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

24
/
/

RECEIVED

Licent Health Officer No. 8,

District No. 111

Date Filed 10-17-41

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 E. F. White

Licensed Embalmer No. 4168

P. O. Address Conover Springs, 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.