

**FILED** NOV 15 1945

Registration District No. 109

Primary Registration District No. 4176

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
35  
3  
1

1. PLACE OF DEATH: Dunklin  
 (a) County Dunklin  
 (b) City or town Malden City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community Life years, months or days

3. (a) PRINT FULL NAME Garnice Joan Berry  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 1  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb. - 20 - 45  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 7 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Baby

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Solan Berry  
 { 13. Birthplace Mo. (City, town, or county) (State or foreign country)  
 { 14. Maiden name Yvonne Wallace  
 { 15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Yvonne Wallace

(b) Address Campbell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct - 18 - 45 (Month) (Day) (Year)

(c) Place: burial or cremation Malden New County

18. (a) Signature of funeral director Landon F. Home

(b) Address Campbell Mo.

19. (a) 10-25-45 (Date received local registrar) (b) J. D. Schauman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Dunklin 35  
 (c) City or town Malden 3  
 (If outside city or town limits, write "RURAL.")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 1  
 (e) Citizen of foreign country? No (Yes or No) 1  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 45 hour about 6 minute N-P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Explosion of Oil stove burnt to death

Due to \_\_\_\_\_ this body was badly charred

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy 18/15

22. If death was due to external causes, fill in the following: 95

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 17th-1945

(c) Where did injury occur? Malden Dunklin Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home burns

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ?

23. Signature Walter H. ... (Physician's name)

Address Dunklin Mo Date signed 10/18/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 1145-3200

Date Filed 11-3-45

**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.....

Licensed Embalmer No.....

P. O. Address.....



**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.