

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36516**
Registrar's No. **42 (42)**

FILED NOV 16 1945
Registration District No. **3**

Primary Registration District No. **4014**

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

1. PLACE OF DEATH:

(a) County Atchinson

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

(c) Name of hospital or institution: 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 2 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchinson

(c) City or town Jarvis
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Elvia Anderson 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 married

6. (b) Name of husband or wife James Finney Berry 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased November 21 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>10</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Thomas Anderson

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

14. Maiden name _____

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

16. (a) Informant Mrs Frank Prather
(b) Address Jarvis, Mo.

17. (a) Burial (b) Date thereof Oct-13-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Washington Cem. K.C. Mo.

18. (a) Signature of funeral director J. M. Davis
(b) Address Jarvis, Mo.

19. (a) Oct 11 - 1945 (b) Mrs. H. D. Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1945 hour 2 pm minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 - 1945
to Oct - 11 1945

that I last saw her alive on Oct - 1 - 1945
and that death occurred on the date and hour stated above

Immediate cause of death myocardial infarction
Reniditly

Due to _____

Due to _____

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

Major findings: Of operations 939

Of autopsy none

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) (e) Means of injury _____

23. Signature W. J. H. H. H. (M. D. or other)
Address Jarvis, Mo. Date signed Oct 11 - 45

MAY 19 1948

FEB 11 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frost A. Browning

Licensed Embalmer No.....

3338

P. O. Address.....

Farlie, 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.