S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37753

FILED NOV 28 1945

Registration District No. 383 — Primary Registration District No. 5655 — Registrar's No. 21

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
In this community over 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Mt Vernon Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Mrs Climanchia Jane Berry

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jeph G Berry

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Jany (Month) 14 (Day) 1860 (Year)

8. AGE: Years 85 Months 8 Days 27 If less than one day hr. min.

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

10. Usual occupation At Home on Farm

11. Industry or business Agriculture

FATHER
12. Name Richard Hamilton
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Tabor
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ely Harrison
(b) Address Mt Vernon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 45 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetary

18. (a) Signature of funeral director Geo B. Orr
(b) Address Mt Vernon Mo

19. (a) 10-20-45 (Date received local registrar) (b) O R Philbrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 (11th) year 1945 hour 8 minute a M.

21. I hereby certify that I attended the deceased from Feb. 23, 1940, to 10/11, 1945; that I last saw her alive on 10/11, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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:

(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 Kenneth Glover MD (M. D. or other)

Address Mt Vernon, Mo Date signed 10/12/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6.
District File Number 1145-1132
Date Filed NOV 17 1945

JUN 7 1956

APR 24 1957

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 George B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon, 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.