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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41646

Registration District No. 176 Primary Registration District No. 5-6 5-6 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Miller R. R. Grant
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution — (Specify whether
In this community Native
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Miller R. R. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME William Robert Berry

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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 10 (Month) - 13 (Day) - 1860 (Year)

8. AGE: Years 85 Months 0 Days 4 If less than one day ___ hr. ___ min.

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

10. Usual occupation

11. Industry or business Farmer

FATHER
12. Name John Berry
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Rachel Carrigan
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Demsey Berry
(b) Address Miller Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Misemer

18. (a) Signature of funeral director Morris - Leiman
(b) Address Miller Mo.

19. (a) 11-13-45 (Date received local registrar) (b) W. S. Bulney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 1945 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from 10-10-, 1945, to 10-17-, 1945 that I last saw him alive on 10-16-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Interstitial nephritis with uremic poisoning	
Due to	
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 L. I. Holmes (M. D. or other)

Address Miller Mo Date signed 10-17-45

1534 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1245-1167
Date Filed 12-18-45

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 G. R. Leisman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.