

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41879**

**FILED** JAN 12 1946

Registration District No. **224**

Primary Registration District No. **3046**

Registrar's No. **25**

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

1. PLACE OF DEATH:

(a) County **Madison**

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **WILLIAM PINKNEY BERRY**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **173**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **MOLLIE**

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

7. Birth date of deceased: **MARCH 24 1865**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>80</b>	<b>11</b>		hr. min.

9. Birthplace: **Miller Co. MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED MERCHANT**

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

MOTHER FATHER { 12. Name **CALVIN S. BERRY**

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

14. Maiden name **SARAH WILSON**

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

16. (a) Informant **Charles Abbott**

(b) Address **Junction, Mo.**

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

(c) Place: burial or cremation **bedou**

18. (a) Signature of funeral director **Edouard D. Phereux**

(b) Address **Bedou, Mo.**

19. (a) **12-7-45** (b) **H.R. Roperoy**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Miller**

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **6**  
year **1945** hour **3** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 16,**  
**1945,** to **Dec. 6,** 1945  
that I last saw him alive on **Dec. 6,** 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Postoperative Hypostatic Pneumonia**

Due to **Lower Lobes (Bilateral)**

Due to **Hernia Operation**

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

Major findings: **Strangulated Hernia**

Of operations \_\_\_\_\_

Of autopsy **10/8**

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 **J. R. Hathorn** (M. D. or other) \_\_\_\_\_  
Address **California, Mo.** Date signed **12-7-45**

Duration

**2 days**

**Stroke**

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-11-46

JUN 3 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.....

Louis S. Phillips, Registered Apprentice No.....  
working under my personal supervision.

Signed Louis S. Phillips

Licensed Embalmer No. 3663

P. O. Address Cedar

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.