

FILED **MARR 6 1946**

Registration District No. 156

Primary Registration District No. 3001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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 years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**

(c) City or town Joplin **2**
(If outside city or town limits, write "RURAL")

(d) Street No. 26th & Schifferdecker **5**
(If rural, give location)

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

3. (a) PRINT FULL NAME Herman Angelo Berkley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1946 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from August 26 1944 to Feb 12 1946 that I last saw him alive on 1-4-46 1946 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora Berkley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 3, 1857
(Month) (Day) (Year)

Immediate cause of death chr. myocardia

Due to Senility

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>5</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Retired

Major findings: Of operations 930

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name William B Berkley

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

14. Maiden name May McIntosh

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

16. (a) Informant Mrs. Cora Berkley
(b) Address 26th & Schifferdecker, Joplin

17. (a) Burial (b) Date thereof 2-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director PARKER HUNSAKER
(b) Address 1502 Joplin, Joplin Mo

19. (a) [Signature] (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. coroner) **0**
Address 301 1/2 Bldg, Joplin, Mo Date signed 2-15-46

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

13X

46-2-192

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..... *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address. *Joplin 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.