

No. 2
5-43
5-17-39
X36871

FILED MAR 28 1946
Registration District No. 13

Primary Registration District No. 5143

State File No. _____
Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Tup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 71 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Adam Berry

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Berry 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept 28 46
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 15
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Berry

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

14. Maiden name Elmira Huggins

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

16. (a) Informant Dora Berry

(b) Address Poplar Bluff, Mo

17. (a) Burial (b) Date thereof 3-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cash Hill

18. (a) Signature of funeral director Ms. Main

(b) Address Fish, Mo

19. (a) 3-21-46 (b) Dr. Mueller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Poplar Bluff Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1946 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan., 1944, to Jan., 1946
that I last saw him alive on Jan., 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Tuberculosis

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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. F. Priest, D.O. (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 3-18-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Office No. 2,
District File Number 346-415
Date Filed 2-26-46

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.....

Licensed Embalmer No. 4399

P. O. Address.....
Poplar Bluff

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.