S. No. 2
M—2-43
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

14234

FILED MAY 9 1946

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 133

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62

(c) City or town Fredericktown 1
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME JAMES NATHANIEL BERRYMAN

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 15, (Day) 1873 (Year)

8. AGE: Years 72 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Fredericktown, (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Odd Jobs, Carpenter Work, and also worked for Waggoner Electric, St. Louis, Mo.

11. Industry or business

FATHER
12. Name James Nathaniel Berryman
13. Birthplace Fredericktown (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Carrie Newberry
15. Birthplace Fredericktown (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hospital Cem., Farmington, Mo.

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo.

19. (a) 4-17-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1946 hour 12 minute 05 A. M.

21. I hereby certify that I attended the deceased from March 22, 1946, 19 to April 4, 1946, 19 ;
that I last saw him alive on April 4, 1946, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis - Generalized w/ Marked	
Due to	
Due to	
Other conditions Senile Psychosis - 1 yr. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Myocarditis
Myocardial degeneration

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 0

23. Signature Burnett L. Hoctn (M. D. or other)
Address Farmington Mo. Date signed 4/4/46

249

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 546-2114

Date Filed 5-8-46

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 Not embalmed, Registered Apprentice No., working under my personal supervision.

Signed Paul H Vogel

Licensed Embalmer No. 4120

P. O. Address Farmington 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.