. S. No. 2
DM—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24167

Registration District No. 176 | Primary Registration District No. 5660 | Registrar's No. 60

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Dickerson, Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Dickerson, Township.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cora Ollie Berry
3. (b) If veteran, name war ------
3. (c) Social Security No. -----
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Benjamin S. Berry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 1st (Day) 1870 (Year)
8. AGE: Years 76 | Months 5 | Days 19 | If less than one day hr. min.
9. Birthplace McDonald County, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

MOTHER FATHER
12. Name Shadrack Campbell
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Sahah Ann Watts
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Ollie Berry
(b) Address Colchester, Illinois.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/46. (Month) (Day) (Year)
(c) Place: burial or cremation La Grange, Missouri
18. (a) Signature of funeral director H. H. Roberts
(b) Address La Grange, Missouri.
19. (a) 7-3-46 (Date received local registrar) (b) O. W. Jennings, M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1946 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from July 5, 19--, to June 29, 1946, that I last saw her alive on June 29, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Carcinoma right breast Metastatic carcinoma lung	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
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 [illegible] (M. D. or other)
Address Lawrenceburg, Tenn. Date signed 7/1/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-46-1390
Date Filed JUL 15 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.....

A.A.Roberts, Registered Apprentice No.....,

working under my personal supervision.

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri.

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.