

FILED NOV 1 1946

STANDARD CERTIFICATE OF DEATH

State File No. 32849

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 339

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Gray
(c) City or town Cumming Ark Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME James Anderson Berry

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Alice Berry 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased Dec. 25 1863

8. AGE: Years 82 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Benton Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name James Anderson Berry
13. Birthplace Searcy Missouri (City, town, or county) (State or foreign country)
14. Maiden name Betty Melton
15. Birthplace Texas (City, town, or county) (State or foreign country)

16. (a) Informant N. Berry

(b) Address 1206 Trenton P.O. Mo

17. (a) Burial (b) Date thereof 10-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelson Cem.

18. (a) Signature of funeral director W. H. Salyer

(b) Address Cumming Ark

19. (a) 10/14/46 (b) R. M. Wheeler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 10 day 10 year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 15th 1946 to 10-10-46 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to Cardiac Failure

Due to Cardiovascular Hypertensive disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. 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?
(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
Signature H. O. Marshall M.D. (M. D. occupation)
Address Poplar Bluff, Mo Date signed 10-11-46

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

RECEIVED
District Health Office No. 2,
District File Number 1046-1271
Date Filed 10-24-46

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 Valued Johnson

Licensed Embalmer No. 6864214

P. O. Address Canning, Pa.

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.