

FILED JAN 7 1947  
149

Registration District No.

Primary Registration District No. 1002

Registrar's No.

5425

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Conley Maternity Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)  
In this community 6 days

3. (a) PRINT FULL NAME Nelda Jeanne Berry

3. (b) If veteran, name was no  
3. (c) Social Security No. unknown

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Cecil E. Berry  
6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased: 2 (Month) 9 (Day) 22 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>10</u>	<u>17</u>	hr. min.

9. Birthplace Lumberton Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name George St. Cyr  
13. Birthplace Unknown France  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Edgar Berry  
(b) Address Sunflower, Kansas

17. (a) Burial (b) Date thereof 12/29/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonner Springs Kansas

18. (a) Signature of funeral director Simmons Funeral Home

(b) Address 1404 So 27th E. To

19. (a) 12-27-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 99  
(c) City or town Sunflower 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. 205 B. Drive  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 2  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26  
year 46 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12-20  
19 46 to 12-26-19 46  
that I last saw h. er alive on 12-26  
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia Duration

Due to 9 months death after delivery  
Due to

Other conditions Labor complicated by eclampsia Delivered 12-22-46

Major findings:  
Of operations 1480  
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) 2  
While at work? no Means of injury no  
23. Signature Arthur W. Swift (M. D. or other) no  
Address 2105 Indep. Ave Date signed 12-26-46

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

NOV 23 1968

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.....

N. Simmons....., Registered Apprentice No.....

working under my personal supervision.

Signed N. Simmons

Licensed Embalmer No. 3903

P. O. Address 1407 So 37th Ct

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.