

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11674

State File No.

FILED DEC 31 1946

Registration District No. 291

Primary Registration District No. 5998

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Rural York Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Powersville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lola C. Berry

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Thomas Berry 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 19 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation home work

11. Industry or business

12. Name Mitchel Vandevair
13. Birthplace Wis.
(City, town, or county) (State or foreign country)
14. Maiden name Houghtonland
15. Birthplace Wis.
(City, town, or county) (State or foreign country)

16. (a) Informant Herry Berry

(b) Address Powersville, Mo.

17. (a) B (b) Date thereof 12-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)
Powersville, Mo.

18. (a) Signature of funeral director Marshall Durbin
(b) Address Unionville, Mo.

19. (a) 12-28-46 (b) Marshall Durbin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Powersville, 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 Dec. day 24
year 1946 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from June 27, 1942, to Dec 23, 1946
that I last saw her alive on Dec 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Hypertensive pneumonia
Due to _____
Due to _____

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? _____ (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) (a) Means of injury 2
23. Signature L. W. M. Durbin (M. D. or other) MD
Address Unionville, Mo. Date signed 12-28-46

256 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District No. 12-46-2351
Date Filed DEC 30 1948

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 F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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.