

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3843

State File No. _____

Registrar's No. _____

FILED FEB 20, 1947

Registration District No. _____

Primary Registration District No. _____

3802

27

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Mexico, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1122 E Liberty 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 months (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME

John Chester Berry

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella Berry 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 7 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Callaway Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Bob Berry
13. Birthplace W. Va (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Patton
15. Birthplace W. Va (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Berry

(b) Address 1122 E Liberty Mexico, Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 13, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Ans Vase Cemetery

18. (a) Signature of funeral director Hughes Maupin

(b) Address Ans Vase, Mo

19. (a) Feb 11 - 1947 (Date received local registrar) (b) Blanche Keely (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th year 1947 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from Jan 15, 1946 to Feb 10, 1947
that I last saw him alive on Feb 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration ?

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) (e) Means of injury 2

23. Signature John G. Owen (M.D. or other) Do.

Address Mexico Mo Date signed 2-11-47

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

RECEIVED
District Health Officer No. 10
District No. 2-47-371-
FEB 19 1947
Date

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 Hughes Mansfield
Licensed Embalmer No. 2358
P. O. Address Aux Vasse 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.