No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4543

Registration District No. 129 Primary Registration District No. 200 Registrar's No. 120

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~R. F. D. # 1~~ Spfd. Baptist Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 1 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Minnie Berry

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. Logan Berry

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. 1, 1884 (Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Wife

11. Industry or business At Home

FATHER
12. Name James C. Palmer
13. Birthplace Winston (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Louella Crowder,
15. Birthplace Winston (City, town, or county) Mo. (State or foreign country)

16. (a) Informant J. L. Berry

(b) Address R # 1 Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Comfort Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 2-11-47 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1947 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feby 4, 1947, to Feby 9, 1947, that I last saw her alive on Feby 8, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Chronic Asthma

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93A

Of autopsy no

Duration

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 [signature] (M.D. or other) MD

Address Springfield Mo Date signed 2/10/47

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(Licensed Embalmer's Statement on Reverse Side)

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.....Ogle Slone Jr.

Licensed Embalmer No.....4176

P. O. Address.....Springfield

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.