

**1. PLACE OF DEATH:**

(a) County Iron  
(b) City or town Des Arc  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether)  
In this community 9 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Iron 47  
(c) City or town Des Arc 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Thomas James Berry

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Myrtle Berry 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased July 22 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>9</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation farmer

**11. Industry or business**

MOTHER FATHER

12. Name N.B. Berry  
13. Birthplace Madison County Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Reed  
15. Birthplace Madison County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant James Berry  
(b) Address Des Arc Mo.

17. (a) burial (b) Date thereof 5-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Des Arc Iron ton Mo.

19. (a) 5-12-47 (b) Mrs. Mrs. Jones  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 1  
year 1947 hour 7 a minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 4 1945 to Apr 30 1947  
that I last saw him alive on Apr 30 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus 5 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions valvular heart lesions  
(Include pregnancy within 3 months of death)

Major findings: 43A  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Dr. James W. D. (M. D. or other)  
Address Des Arc Mo. Date signed 5-6-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 26 1947

RECEIVED

District Health Officer No. <sup>4</sup>.....  
District File Number 547-692  
Date Filed 5-14-47

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 Lucas J. White  
Licensed Embalmer No. 3012  
P. O. Address Irvington, N.Y.

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.