. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13359

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1890

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: General Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 811 Armour Blvd (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Emma E. 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 Arthur B. Berry
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased September (Month) 11 (Day) 1900 (Year)
8. AGE: Years 46 Months 7 Days 14 If less than one day hr. min.
9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Charles M. Thorp
13. Birthplace Parkville (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name Mamie Kunkleman
15. Birthplace Sterling (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Andrew Berry
(b) Address 811 Armour Blvd. Kansas City, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope, Kansas City, Kansas
18. (a) Signature of funeral director J. W. Fulton
(b) Address Kansas City Kansas
19. (a) 4-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25 year 1947 hour 1 05 minute P M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary insufficiency	
Due to Pulmonary Edema	
Due to	
Other conditions (Include pregnancy within 3 months of death) 95 G	
Major findings: Of operations	
Of autopsy yes as above	

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 3
23. Signature [illegible] (M. D. ~~or other~~)
Address 1924 [illegible] Date signed 4-27-47

(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 M. M. Swisher

Licensed Embalmer No. 3505

P. O. Address K C Kansas

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.