

Registration District No. **913**

Primary Registration District No. **4153**

Registrar's No. **43**

1. PLACE OF DEATH:

(a) County **DADE**
(b) City or town **LOCKWOOD**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **LOCKWOOD MEMORIAL HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 HOURS**
(Specify whether years, months or days)
In this community **2 HOURS**

3. (a) PRINT FULL NAME **THOMAS LEE BERRY**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife **—** 6. (c) Age of husband or wife if alive **5** years
7. Birth date of deceased **MAY 5 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 2 hr. 5 min.

9. Birthplace **LOCKWOOD MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **—**

11. Industry or business **—**

MOTHER FATHER { 12. Name **MAXWELL BERRY**
13. Birthplace **DADEVILLE MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **VIRGINIA WILLIAMS**
15. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maxwell Berry**
(b) Address **Greenfield Mo.**
17. (a) **Burial** (b) Date thereof **5-6-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Dadeville Mo.**

18. (a) Signature of funeral director **Sam E. Semmes**
(b) Address **Greenfield Mo.**
19. (a) **5-8-47** (b) **Geo. E. Whit**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **DADE** 29
(c) City or town **—** (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 **MAY** day **5**
year **1947** hour **2** minute **30** A.M.
21. I hereby certify that I attended the deceased from **MAY 5**
19 **47** to **MAY 5** 19 **47**
that I last saw him alive on **MAY 5** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **PREMATURITY**

Due to **—**

Due to **—**

Other conditions **CLUB FEET - BILATERAL**
(Include pregnancy within 3 months of death)

Major findings: Of operations **159**
Of autopsy **—**
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) (c) Means of injury **—**

23. Signature **Frank H. Whit** (M. D. or other)
Address **Lockwood Mo.** Date signed **May 7**

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 Sam E. Sencer
Licensed Embalmer No. 4099
P. O. Address Greenfield, 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.