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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17277
Registrar's No. 14

Registration District No. 143

Primary Registration District No. 4232

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Willow Springs
(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 1
In this community 46 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell
(c) City or town Willow Springs
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John L. BERRY, Sr.
3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Nov. 24, 1861.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 4 29 hr. min.

9. Birthplace Crawford County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Berry,
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John L. Berry
(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 4/24/47.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pine Grove Cemetery
Burns Funeral Home.

18. (a) Signature of funeral director Willow Springs, Mo.
(b) Address _____

19. April 24, 1947 (Date received local registrar)
Markalee Bellard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22, year 1947 hour 8:40 minute P. M.
21. I hereby certify that I attended the deceased from Feb 15 1947 to April 23 1947
that I last saw him alive on April 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death enlarged heart
Due to enlarged pneumonia

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 95
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 J. E. Hensworth (M. D. or other)
Address Willow Springs Date signed Apr 24

Duration 65 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 5,

District File Number 547287

Date Filed 5-20-47

STATEMENT BY LICENSED EMBALMER

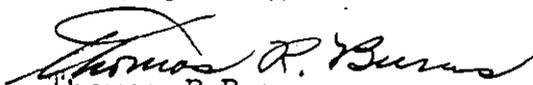
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

~~XXXXXXXX~~ Fred. W Barnes

Registered Apprentice No. 413

working under my personal supervision.

Signed


Thomas R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.