

FILED JUN 19 1947

Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution:
206 WEST 7th ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELZA PEMBERTON BERRY

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 MARRIED

6. (b) Name of husband or wife SUSAN BERRY 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased AUG. 7th. 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace MAYS CO. KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation HARDWARE DEALER

11. Industry or business _____

12. Name GAINES BERRY

13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH SEED

15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. SUSAN BERRY

(b) Address SEDALIA, MO.

17. (a) BURIAL (b) Date thereof 5/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo. Dillard

(b) Address SEDALIA

19. (a) 5-31-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

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

(d) Street No. 206 W. 7th ST. (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 29th
year 1947 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from 47
_____ 1946 to May 29 1947
that I last saw him alive on May 29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Ch. laterata about 6 mos.

Due to _____

Due to _____

Other conditions Myocardial Infarction
(Include pregnancy within 3 months of death)

Major findings: MID

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. Beckmeyer (M. D. or other) M.D.
Address 120 W. Sedalia, Mo. Date signed 5/31/47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-18-47

FEB 6 1948

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.