

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41355

Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 109

1. PLACE OF DEATH

(a) County Gentry
 (b) City or town Stanberry, Mo.
 (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 2-0-0
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Milo Berry

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

4. Sex Male 5. Color or race Wht.
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Pearl Munuey Berry
 6. (c) Age of husband or wife if alive 62
 7. Birth date of deceased June 20 1887
 (Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 6
 If less than one day hr. ✓ min.

9. Birthplace Bassett Nebraska
(City, town, or county) (State or foreign country)10. Usual occupation Retired Mail Carrier

11. Industry or business

12. Name George Daniel Berry
 13. Birthplace Juno Wisconsin
 (City, town, or county) (State or foreign country)
 14. Maiden name Sadie Catherine Stewart
 15. Birthplace Lee County Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Clayton Fraubion
 (b) Address Stanberry Missouri

17. (a) Removed to Bassett, Mo. (b) Date thereof 12-30-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bassett Memorial Cemetery

18. (a) Signature of funeral director J. Egan Johnson

(b) Address East 2nd St Stanberry Missouri

19. (a) Dec 30 - 1947 (b) Howard H. Thayer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
 (c) City or town Stanberry
 (If outside city or town limits, write "RURAL")
 (d) Street No. East 2nd St
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
 year 1947 hour 1 minute 45 AM

21. I hereby certify that I attended the deceased from December 8
 1947, to Dec 26 1947
 that I last saw h. live alive on Dec 26 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions Cystitis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 94%

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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 2

23. Signature R. J. Willigan (M. D. or other DO)

Address Stanberry, Mo. Date signed 12-26-47

FEB 16 1941

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Evan Johnson, Registered Apprentice No. ✓ working under my personal supervision.

Signed Evan Johnson
Licensed Embalmer No. 3492
P. O. Address Starkway Missouri

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.