No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

42096

State File No.

FILED DEC 30 1947

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 191

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: no street address
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Oronogo 0
(If outside city or town limits, write "RURAL")

(d) Street No. no street address 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rolla Pate Berry

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Luella Berry

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 18 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	2	27	hr. min.

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

10. Usual occupation farmer

11. Industry or business farm

FATHER
12. Name James A. Berry
13. Birthplace no data (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name Elizabeth McCurdy
15. Birthplace no data (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Luella Berry (Widow)
(b) Address Oronogo, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Nashville Cemetery

18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Missouri

19. (a) DEC. 16; 47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1947 hour 7:25 minute P. M.

21. I hereby certify that I attended the deceased from Oct 16 - 1947, to Dec. 15 1947;
that I last saw him alive on Dec. 15 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	2 hrs.
Due to Lobar Pneumonia	8 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 108	
Of autopsy	

PHYSICIAN

Underline the cause of 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? 2 (Specify type of place)
While at work (e) Means of injury

23. Signature [signature] (M. D. or other) D.O.
Address Alba, Mo Date signed 12-16-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

47-12-961

JAN 2 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 Leonard J. Lewis Jr., Registered Apprentice No. 16, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2859

P. O. Address [illegible]

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.