

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42400

State File No.

FILED DEC 16 1947

Registration District No. 225

Primary Registration District No. 5797

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Fortuna
(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 _____ (Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

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

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME WARREN DOLPHUS BERKEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1947 hour 6 minute 30 P.M.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Susanna B. Berkey

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

7. Birth date of deceased Febr. 16, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Past 3 or 4
Years, 19 to 11-29-1947
that I last saw him alive on Nov 20, 19
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>9</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Uraemia 10 days

Due to Paralysis of legs 37 mo

Due to _____

9. Birthplace Johnstown Pa.
(City, town, or county) (State or foreign country)

Other conditions Bright's disease chronic 39 mo
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business Blacksmith

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Hiram J. Berkley

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

14. Maiden name Elizabeth George

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

16. (a) Informant Mr J. M. Berkley (Son)

(b) Address Mulberry, Kansas

17. (a) Burial (b) Date thereof Dec 2-'47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newkirk Cemetery

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? _____

18. (a) Signature of funeral director W. F. Rowell

(b) Address Versailles, Missouri

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

23. Signature A. J. Gorman (M. D. or other) 0
Address Versailles Mo Date signed 12/1/47

19. (a) 12-7-47 (b) Mrs. Maude Hudson
(Date received local registrar) (Registrar's signature) 0-2

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

RECEIVED
District Health Officer No. 9,
District File Number 12-15-47
Date Filed _____

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 Gene N. Bartram
Licensed Embalmer No. 4021
P. O. Address VERSAILLES, 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.