

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

FILED MAR 4 1948

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Several days
(Specify whether 28 yrs)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME James Washington Berry

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Berry 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan 14, 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Candlers, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER, FATHER

12. Name Andrew J. Berry - 9

13. Birthplace Unknown (State or foreign country)

14. Maiden name Katherine Admire

15. Birthplace Candlers 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bill Kinsky

(b) Address Moundville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-48
(Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Edither Funeral Home
 (b) Address Nevada, Mo

19. (a) 2-26-48 (Date received local registrar) (b) Walter Vancey (Registrar's signature) 2-27

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108
 (c) City or town Opal, S.W. Nevada 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 1948
 year 48 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1948, to Jan 24, 1948
 that I last saw him alive on Jan 24, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute peritonitis Duration 14 da

Due to Rupture of gall bladder

Due to _____

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

PHYSICIAN

Major findings: Ruptured gall bladder
 Of operations _____
 Of autopsy 1.275

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 _____

23. Signature W. Vancey (M. D. or other) _____
 Address Nevada, Mo Date signed 2/24/48

RECEIVED
District Health Officer No. 7,
District File Number 2-48-176
Date Filed 3-3-48

SEP 29 1958

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 Mark Gehegan

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.