S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 13 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15428

Primary Registration District No. 1000

Registrar's No. 545

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2533 Francis St. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2533 Francis St. 7
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Annie Roberts Berry

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife George Dixon Berry

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

7. Birth date of deceased July (Month) 2 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	9	hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At home

11. Industry or business At home

FATHER
12. Name Thomas C. Roberts
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country) 1

MOTHER
14. Maiden name Annie Flint
15. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Emeline R. Hedges
(b) Address Chattanooga, Tennessee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Mausoleum

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.

19. (a) May 14, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) X 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1948 hour 8 minute A M.

21. I hereby certify that I attended the deceased from November 2, 1946 to May 11, 1948; that I last saw her alive on May 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pseudo-Bulbar palsy	6 mo.
Due to Cerebral Arteriosclerosis	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

97

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. D. Carle (M. D. ~~or other~~)
Address 706 Francis St. Joseph, Mo. Date signed 5-11

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

NOV 9 1981

MAY 25 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 Frank A Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.