S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16217

Registrar's No. 2026

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas City Tuberculosis Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 days (Specify whether
In this community (years, months or days): 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 2405 Vine (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

48
3
8
0

3. (a) PRINT FULL NAME: BERRY, CARL
3. (b) If veteran, name war: No.
3. (c) Social Security No.: 496-10-5232

4. Sex: Male
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Berry, Christine
6. (c) Age of husband or wife if alive: 36 years
7. Birth date of deceased: 2 (Month) 13 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
39—40	2	26	hr. min.

9. Birthplace: Independence (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Porter
11. Industry or business: odd jobs
12. Name (Father): Berry, Carl Sr.
13. Birthplace (Father): St. Louis (City, town, or county) Mo. (State or foreign country)
14. Maiden name (Mother): Kinney, Josephine
15. Birthplace (Mother): Glasco (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: K.C.T.B. Hosp.
(b) Address: Leeds Hosp.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery Mo.
18. (a) Signature of funeral director: Geo. Plans
(b) Address: 1313 Troost Ave.
19. (a) 5-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9 year 1948 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 5-6, 1948, to 5-9, 1948 that I last saw him alive on 5-9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	9
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 13K	
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) 0
While at work? (e) Means of injury

23. Signature: William David May M. D. or other M.D.
Address: K.C. 7, Mo. Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 _____ of _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 4417

P. O. Address N. C. 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.