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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18670

State File No.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
1218 E Walnut
(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 Boone

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

(d) Street No. 1218 E Walnut
(If rural, give location)

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

If yes, name country

10
2
4
0

3. (a) PRINT FULL NAME Ezra Q "Rug" Berry

3. (b) If veteran, name war Spanish am

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Dec 18th 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days x If less than one day hr. min.

9. Birthplace Boone Co Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Wood Berry
13. Birthplace Boone Co Mo O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Jefferson Berry
15. Birthplace Boone Co Mo O
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Coats & Eulala Rader

(b) Address 1218 E Walnut Columbia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 48
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R C Willett

(b) Address Columbia

19. (a) 6-18-48 (Date received local registrar) (b) Mrs R E Palmer Mo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1948 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from June 12th, 1948, to June 18, 1948
that I last saw him alive on , 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis (Pulmonary)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 13 B

Of autopsy

Duration

PHYSICIAN
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? (County) (State)

(d) Did injury occur in or about [illegible] farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury O

23. Signature Lloyd Simpson (M. D. or other)

Address 506 Cherry St Date signed 6-18-48

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1948

JUN 26 1948

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 24 1948

JUN 9 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 Lyman D. Drinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.