No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

19891

State File No. ____

Registration District No. 137 | Primary Registration District No. 4247 | Registrar's No. 147

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

1. PLACE OF DEATH:

(a) County Jasper.

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

(c) Name of hospital or institution: McCune Brooks. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days. (Specify whether
In this community 70 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49

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

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

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

If yes, name country ____

3. (a) PRINT FULL NAME Newton Sheridan Berryhill.

3. (b) If veteran, name war ____ | 3. (c) Social Security No. ____

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband or~~ wife Iva Berryhill. | 6. (c) Age of ~~husband or~~ wife if alive 70 years

7. Birth date of deceased Dec. (Month) 23 (Day) 1865 (Year)

8. AGE: Years 82 | Months 5 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Keokuck, Co (City, town, or county) Iowa. 1 (State or foreign country)

10. Usual occupation Farming.

11. Industry or business ____

FATHER
12. Name John Berryhill
13. Birthplace Unknown — (City, town, or county) Ohio. 1 (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Harvey
15. Birthplace Unknown — (City, town, or county) Ohio. 1 (State or foreign country)

16. (a) Informant N. L. Berryhill.
(b) Address R.F.D. 3 Jasper, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Waters Cemetery

18. (a) Signature of funeral director Peter Bros.
(b) Address Jasper, Mo.

19. (a) 6-15-1948 (Date received local registrar) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 12 day ____ year 1948 hour 2:38 minute ____ P.M.

21. I hereby certify that I attended the deceased from June 1, 1948, to June 12, 1948; that I last saw him alive on June 12, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage —	13 days
Due to ____	—
Due to ____	
Other conditions (Include pregnancy within 3 months of death): Chronic nephritis with uremia — Gen. arteriosclerosis —	? years

Major findings:
Of operations ____
Of autopsy ____

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? ____ (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 Charles F. Isbell (M. D. or other) MD

Address 201 W. 3rd, Carthage, Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

48-6-511

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. Howard E Simpson

Licensed Embalmer No. 7288

P. O. Address Jasper 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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 157 Primary Registration District No. 4247 Registrar's No. 147

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune Brooks Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether In this community 70 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Newton S. Berryhill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Iva Berryhill

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

7. Birth date of deceased Dec 23 1865 (Month) (Day) (Year)

8. AGE: Years 82 Months Days If less than one day hr. min.

9. Birthplace Keokuk Co. Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Berryhill
13. Birthplace Unknown Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Harvey
15. Birthplace Unknown, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant J. L. Berryhill

(b) Address R.F.D. 3 Jasper, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Teeter Bros

(b) Address Jasper, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 12 year 1948 hour 2:30 minute P.M.

21. I hereby certify that I attended the deceased from June 1, 1948, to June 12, 1948 that I last saw h[illegible] alive on June 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral hemorrhage	13 days
Due to	
Due to	
Other conditions chronic Nephrites with uremia - Gen. arteriosclerosis (Include pregnancy within 3 months of death)	9 years

Major findings:
Of operations
Of autopsy

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? (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

23. Signature Charles Isbell (M. D. or other) M.D.

Address 201 W. 3rd Carthage Mo. Date signed

SUPPLEMENTARY

S-19891