

No. 2  
-5-43  
-17-39  
X36671

FILED JUL 14 1948  
Registration District No. 188

Primary Registration District No. 2031

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town De Soto  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 216 N. 9th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO (Specify whether)  
In this community 26 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson  
(c) City or town De Soto 50  
(If outside city or town limits, write "RURAL")  
(d) Street No. 216 N. 9th St. 2  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME John Edward Berry

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife EMMA BLUM 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased April 12 1869 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 4 If less than one day hr. min.

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

10. Usual occupation Contractor (BLDg)

11. Industry or business Self.

MOTHER FATHER { 12. Name Issac Berry 4  
13. Birthplace Not Known England (City, town, or county) (State or foreign country)

14. Maiden name Mary Le Parim  
15. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Russel G. Berry  
(b) Address 7224 Anna Ave. Maplewood Mo.

17. (a) Burial (b) Date thereof 6-18-48 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary, De Soto, Mo.

18. (a) Signature of funeral director Jed Motherhood  
(b) Address De Soto Mo.

19. (a) 7/18/48 (b) Marie Harris (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16 70  
year 1948 hour 12 minute 25 A.M.  
21. I hereby certify that I attended the deceased from June 7 to June 15 1948  
that I last saw him alive on June 15 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobar. Rt. Duration 10 days.

Due to -  
Due to -

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

Major findings:  
Of operations -  
Of autopsy 10:0

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? -

While at work (Specify type of place) (e) Means of injury  
23. Signature George Johnson (M.D. or other) MD  
Address De Soto, Mo. Date signed 6.16.48

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

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 7-13-48

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.

*J. H. Motherhead*

Licensed Embalmer No. 3531

P. O. Address. Desoto 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.