

FILED AUG 31 1948

Registration District No. 720

Primary Registration District No. 4197

State File No. 82

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Starberry  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 794 Willow  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME

Mr. Fred R. Berry  
3. (b) If veteran, name war NO  
3. (c) Social Security No. 484-14-6864

4. Sex Male 5. Color or race W.  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Mrs. Lois Berry  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased APR 1 1890  
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 9  
If less than one day hr. min.

9. Birthplace Gentry, MO  
(City, town, or county) (State or foreign country)

10. Usual occupation retired auto dealer

11. Industry or business Auto Salesman & Manager

12. Name Edmond Berry

13. Birthplace MO  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sayer

15. Birthplace MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lois Berry

(b) Address Starberry MO

17. (a) (b) Date thereof 8-11-48  
(Burial, cremation, or other final disposition) (Month) (Day) (Year)

(c) Place: burial or cremation High Ridge Cemetery Starberry MO

18. (a) Signature of funeral director Latoy F. Phillips

(b) Address Starberry MO

19. (a) 8/16/48 (b) H. W. Phillips  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry  
(c) City or town Starberry  
(If outside city or town limits, write "RURAL")  
(d) Street No. 794 Willow St  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 10  
year 1948 hour 1 minute 30.4 M.

21. I hereby certify that I attended the deceased from 1943  
to Aug 10 1948  
that I last saw him alive on August 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to Acute Transitory Ischemic

Other condition (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. W. Phillips (M. D. or other)

Address Starberry MO Date signed 8-11-48

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

MOTHER, FATHER

**DISTRICT HEALTH OFFICE**  
**Camden, Mo.**

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**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 \_\_\_\_\_

Licensed Embalmer No. 1898

P. O. Address. Stonewall Md

**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.**