

## FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED AUG 16 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

27317

Registration District No. 290

Primary Registration District No. 4930

Registrar's No.

95

## 1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Crocker  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(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 5 years years, months or days)

3. (a) PRINT FULL NAME John Clinton Berry3. (b) If veteran,  
name war No3. (c) Social Security No.  
494-10-7171B

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Helen Kay Berry  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased January 1 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 7 7 hr. min.

9. Birthplace Chester Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

12. Name Issac Berry  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Durkee  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Kay Berry  
(b) Address Crocker, Missouri

17. (a) removal (b) Date thereof 8/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Walter P. Bludger  
(b) Address Iberia, Missouri

19. (a) 8-12-48 (b) Thelma C. Buckthorpe  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85  
(c) City or town Crocker 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7  
year 1948 hour 1:00 minute PM M.

21. I hereby certify that I attended the deceased from August 6  
1948 to August 7, 1948;  
that I last saw him alive on August 7, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage Duration 1 day

Due to Gastric Carcinoma

Due to

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy not permitted

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 8

23. Signature Paul C. Brank (M. D. or other)  
Address Richland, Mo. Date signed 8/7/48

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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.....

Walter P. Hedges

Registered Apprentice No. ....

working under my personal supervision.

Signed

*Walter P. Hedges*

Licensed Embalmer No. 4265

P. O. Address Theria, Missouri

**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.**