No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28889

FILED SEP 20 1948

Registration District No. 40 | Primary Registration District No. 1000 | Registrar's No. 973

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 219 East Poulin St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 219 East Poulin Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ———

3. (a) PRINT FULL NAME James Edward Berry
3. (b) If veteran, name war W. W. II
3. (c) Social Security No. 488-14-0556
4. Sex Male
5. Color or race Negro
6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ Single
6. (b) Name of husband or wife ———
6. (c) Age of husband or wife if alive ——— years
7. Birth date of deceased November (Month) 2 (Day) 1910 (Year)

8. AGE: Years 37 | Months 10 | Days 8 | If less than one day ——— hr. ——— min.
9. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Hodcarrier
11. Industry or business Hodcarrier
MOTHER FATHER
12. Name Thomas Berry
13. Birthplace Mt. Sterling (City, town, or county) Ky. (State or foreign country)
14. Maiden name Minnie Carriger
15. Birthplace Savannah (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Thomas Berry
(b) Address 219 E. Poulin St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Ashland Cemetery
18. (a) Signature of funeral director Wm. K. Alexander
(b) Address St. Joseph, Mo.
19. (a) 9-15-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 392

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10 year 1948 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from 9/9/1947, 19..., to 9/10/1948, 19..., that I last saw h~~e~~ alive on 9-10-1948, 19..., and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chronic mitral insufficiency
Due to [redacted]
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 92B

PHYSICIAN
Underline the cause of 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 Fenton H. Rowe M.D. (M. D. or other)
Address 109 1/2 W. Mo. Ave. Date signed 9/13-1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

OCT 5 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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.