No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31777

Registration District No. 3

Primary Registration District No. 6193

Registrar's No. 42

1. PLACE OF DEATH:
(a) County: Taney
(b) City or town: Rural — Alvan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Taney
(c) City or town: Rural
(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: JUDITH GALE BERRY
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Fem
5. Color or race: White
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: Sept (Month) 9th (Day) 1948 (Year)

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

9. Birthplace: Taney Co — Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Infant
11. Industry or business .....

MOTHER FATHER
12. Name: Arlie W. Berry
13. Birthplace: Branson Mo (City, town, or county) (State or foreign country)
14. Maiden name: Gertie M. Jones
15. Birthplace: Taney Co — Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Arlie W. Berry
(b) Address: Hollister Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Omaha Cem
18. (a) Signature of funeral director: R D Whitehead
(b) Address: Branson Mo
19. (a) 9-13-48 (Date received local registrar) (b) T E Coguell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 11 year: 1948 hour: 10:30 minute: a.m.

21. I hereby certify that I attended the deceased from 9/7, 1948 to 9/11, 1948 that I last saw her alive on 9/11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Don't Know	
Due to: Premature birth	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 15	
Of autopsy:	

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: 0

23. Signature: Harry T. Evans (M. D. or other) MD
Address: Branson, Mo Date signed: 9/11/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 948-1081
Date Filed SEP 27 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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Minnie L Whelchel

Licensed Embalmer No. 2277

P. O. Address Branson 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.