FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 17 1948

Registration District No. 972

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 37683

Primary Registration District No. 6001

Registrar's No. 17

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

**1. PLACE OF DEATH:**

(a) County: RALLS

(b) City or town: Rural Salina Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Monroe City, R. 2
(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: Life Time

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Ralls

(c) City or town: Monroe City Rural #2
(If outside city or town limits, write "RURAL")

(d) Street No.: Monroe City, R 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: no

3. (a) PRINT FULL NAME: ALVA EMMETT BERRY

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Addie Estell

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: May (Month) 21 (Day) 1881 (Year)

8. AGE: Years 67 Months 5 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: James W Berry
13. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Eliza Rouse
15. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Addie E Berry
(b) Address: Monroe City Mo R 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Holy Rosary Monroe City

18. (a) Signature of funeral director: Wilson & Son
(b) Address: Monroe City Missouri

19. (a) 11/10/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 8 year 1948 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from June 6, 1947 to November 8, 1948 that I last saw him alive on October 26, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of Prostate | 2 years |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operation: Carcinoma of Prostate | |
| Of autopsy: 51B | |

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)
(e) While at work? (f) Means of injury: —

23. Signature: John H Cobb (M. D.)
Address: Monroe City Mo Date signed: 11/10/48

Jefferson City Printing Co. (Licensed Embalmer: Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 11-48-194
Date Filed NOV 16 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 Charles V. Greening, Registered Apprentice No. 214, working under my personal supervision.

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.