DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39368

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1351

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 219 East Poulin st 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 50 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 219 East Poulin st (If rural, give location)

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

If yes, name country 50 Yrs.

3. (a) PRINT FULL NAME THOMAS BERRY

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex maile 5. Color or race Negro 6. (a) Single, ~~widowed,~~ married, ~~divorced~~ married

6. (b) Name of husband or wife Minnie Berry 6. (c) Age of ~~husband~~ or wife if alive 66 years

7. Birth date of deceased March 17, 1872 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Bath Co. Ky. (City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name UNK. 9
13. Birthplace UNK. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNK.
15. Birthplace UNK. (City, town, or county) (State or foreign country) 4

16. (a) Informant Minnie Berry

(b) Address 219 E. Poulin St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director Beatrice Gray

(b) Address 819 Pacific St

19. (a) 12-20-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12th year 1948 hour One minute A. M.

21. I hereby certify that I attended the deceased from Viewed Dec 12th, 1948, to ....., 19..., that I last saw h..... alive on ....., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature B. W. Taylor Coroner (M. D. or other)

Address KING HILL BLDG St. Joseph, Mo Date signed 12/13/48

(Licensed Embalmer's Statement on Reverse Side)

DEC 23

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.