

FILED MAR 10 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4348

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

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>529 Washington</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis N.</u> b. (Middle) <u>BARRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March-8-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-23-1886</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (State or foreign country) <u>Olean, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Barry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, per. or non-per.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edna Barry</u>		ADDRESS <u>529 Washington</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANECEDENT CAUSES	
DUE TO (b) <u>Arterio Sclerosis</u>		DUE TO (c) <u>331X</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <u>SHOOTING</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
I hereby certify that I attended the deceased from <u>6-16, 1948</u> , to <u>3-8, 1949</u> , that I last saw the deceased alive on <u>3-7, 1949</u> , and that death occurred at <u>9 a. m.</u> , from the causes and on the date stated above.			
22a. SIGNATURE <u>J. G. Bruce</u>		23. ADDRESS <u>234 Madison Jefferson City Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Longview</u>		24d. LOCATION (City, town or county) (State) <u>Jefferson City Mo</u>	
DATE REC'D BY LOCAL REG. <u>March 10-1949</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Fernand Ferme</u>		ADDRESS <u>700 Jefferson</u>	

STATE BOARD OF HEALTH
MAR 14 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

J. Anderson

Signed _____
Student Embalmer

Licensed Embalmer No. 3641

P. O. Address J. Anderson

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.

State Board of Health
Bureau of Vital Statistics

4348

The name of Francis M. Berry
is not correctly spelled on the
death certificate.

The name should be spelled

~~Francis M. Berry~~
Oscar L. Barry
Brother

State of Missouri)
County of Cole)

On this 14th day of March, 1949, personally appeared Oscar L. Barry, who upon his oath states that the above statements are true to the best of his knowledge and belief.
Witness my hand and official seal this the 14th day of March, 1949.

Com. expires October 12, 1949

116 - Woodrow
Norfolk, Va.

B. B. Fentroy
Notary Public

