

FILED JUL 9 1949

STANDARD CERTIFICATE OF DEATH

State File No. 20245
2245
Registrar's No. 3043

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		State File No. 20245 2245	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls 87</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL 11</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, SALINE TOWNSHIP 0,</u>		d. STREET ADDRESS (If rural, give location) <u>MONROE CITY, MO. RFD. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STELIZATHETII HOSPITAL.</u>							
3. NAME OF DECEASED (Type or Print), a. (First) <u>Mary</u> b. (Middle) <u>MARGARETE</u> c. (Last) <u>BERRY.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 6, 1949</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE U</u>		8. DATE OF BIRTH <u>Oct. 30-1945</u>	
9. AGE (In years last birthday) <u>3</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>HANNIBAL Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>WESTLEY E. BERRY.</u>			13b. MOTHER'S MAIDEN NAME <u>JANAJANE HANDLEY</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wesley E. Berry</u> ADDRESS <u>Monroe City, Mo. RFD.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Waterhouse Friedrichson Syndrome</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza: Meningitis</u> <u>12 "</u> DUE TO (c) <u>Acute Toxic Myocarditis</u> <u>Hours</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 5, 1949</u> , to <u>July 6, 1949</u> that I last saw the deceased alive on <u>July 5, 1949</u> , and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Simon D. Lane MD</u> (Degree or title)				23b. ADDRESS <u>Monroe City Mo</u>		23c. DATE SIGNED <u>7/6/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DE MOSS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Ralls County, MO</u>	
DATE REC'D BY LOCAL REG. <u>7-7-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke Deputy</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Son</u>		ADDRESS <u>117 MONROE CITY MO</u>	

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 me

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed Leslie L. Wilson

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.