

FILED AUG 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27105
Registrar's No. 254

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

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) 5531 NORTON AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM			
3. NAME OF DECEASED a. (First) DOROTHY b. (Middle) HESTER c. (Last) BERRY			4. DATE OF DEATH (Month) (Day) (Year) AUG-13-1949
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY-7-1913
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER		10b. KIND OF BUSINESS OR INDUSTRY HOME MAKING	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JESSE H. BERRY		13b. MOTHER'S MAIDEN NAME PEARL S. HALL	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of Right Lung ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Pathologist	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		163X	
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) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:15 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE D. E. Cooper M.D. (Degree or title)		23b. ADDRESS 2800 Main	23c. DATE SIGNED 8/14/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 16, 1949	24c. NAME OF CEMETERY OR CREMATORY FOREST HILLS	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO
DATE REC'D BY LOCAL REG. Aug. 14, 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE R. H. Neumann Sons, K.C. Mo	ADDRESS _____

AUG 22 RECD

APR 3 1950

OCT 25 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.

Student
Student Embalmer

Signed *Jess T. News*

Licensed Embalmer No. *11453*

P. O. Address *7 Kansas City*

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.