

FILED AUG. 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22944**  
**3149**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>5331 Highland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>				3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>J.</u> c. (Last) <u>BERRY</u>			
4. DATE OF DEATH <u>July 20 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>June 11/1879</u>		9. AGE (In years last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Vine Creek, Kansas</u>				12. CITIZEN OF WHAT COUNTRY? <u>IRELAND</u>			
13a. FATHER'S NAME <u>Patrick Berry, MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Foye</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>511-10-5285</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Peter Berry</u> ADDRESS <u>3821 Harrison</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, asthma, etc. * means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>331*</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>20 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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. HOW DID INJURY OCCUR? _____	
22. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		22a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Mar 19, 1951</u> , to <u>July 20, 1951</u> , that I last saw the deceased alive on <u>7/18/51</u> , 19 <u>51</u> , and that death occurred at _____ m. from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph A. Fogarty</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>402 Withman Bldg. G3</u>		23c. DATE SIGNED <u>7/21/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>July 21 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salina Kansas</u>	
DATE REC'D BY LOCAL REG. <u>7-24-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk, Robin</u>		ADDRESS <u>20 West Linwood</u>	

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

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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 *Forrest D. Goldenow* .....

Licensed Embalmer No. *4714* .....

P. O. Address *K. C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri SS.  
County of Jackson

State File No. 22944  
Local Registrar's No. 3149

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of August, 1951, before me appears.....

Peter A Berry, who, upon his oath, states that the original record of <sup>birth</sup> death  
for James Berry died July 20, 1951, in the State of  
Missouri, and which was filed at Kansas City, Mo on 7/24, 1951, should be corrected as follows:

Item No. 3 should read James J. Berry

Instead of..... James J. Berry

Item No. 8 should read June 13, 1879

Instead of..... June 7, 1875

Item No. 9 should read 72 years

Instead of..... 76 years

Item No. 11 should read Ireland

Instead of..... Vine Creek, Kansas

Item No. 13a should read Martin Berry

Instead of..... Patrick Berry

Item No. 16 should read 511-10-5285

Instead of.....

Item No. .... should read Verified by Insurance Policy # 203077

Instead of..... dated 1-17-1905 Massachusetts Mutual Life

Item No. .... should read Springfield, Massachusetts & social security

Instead of..... card

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Peter A Berry - Brother Relationship.

3821 Harrison, J.C. Mo.  
Present Address.

Subscribed and sworn to before me this 6th day of August, 1951.

My Commission expires Oct. 21, 1951 Gerrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.