| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR HOME, In TOWN 3. NAME OF DECEASED OF DECEASED OF OF OTHER OF STANCE INSTITUTION 3. NAME OF (If not in hospital or institution, give street address or location) 6. CITY (If outside corporate limits, write RURAL and give township) OR Maysville 6. STREET (If rural, give location) 6. STREET (If rural, give location) 7. MARRIED, Meyer MARRIED, Meyer MARRIED, Meyer MARRIED, Meyer MARRIED, Meyer Married 7. MARRIED, Never MARRIED, Meyer MARRIED, Meyer Married 8. DATE OF BIRTH OB DECEASED 9. AGE (In years or location) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CATTIE STANCE 13. NAME OF HUSBARD OR WIFE CATTIE STANCE 14. NAME OF HUSBARD OR WIFE CATTIE STANCE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CATCIAC (If outside corporate limits, write RURAL and give township OR MALYS VIIIC C. CITY (If outside corporate limits, write RURAL and give township OR MALYS VIIIC C. CITY (If outside corporate limits, write RURAL and give township OR MALYS VIIIC C. CITY (If outside corporate limits, write RURAL and give township OR MALYS VIIIC C. CITY (If outside corporate limits, write RURAL and give township OR MALYS VIIIC A. STREET (If rural, give location) 4. DATE (Month) (If year pive location) 6. SAGE (In year of Month) (If year pive location) 7. MARRIED, NEVER MARRIED, MEDICAL CERTIFICATION 10. LANGE OF DEATH 11. INFORMANT'S SIGNATURE OR NAME CATCIAC (In year of Month) (In year pive location) 11. DISEASE OR CONDITION 12. CITY (If outside corporate limits, write Rural and give township or catcian) 14. NAME OF HUSBARD OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME C. C | Table (Year) |
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| 1. PLACE OF DEATH a. COUNTY Deka 1h b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville d. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION HOME, In TOWN 3. NAME OF DECEASED OF OPPINITUTION HOME, In TOWN 5. SEX O 6. COLOR OR RACE MDATE OF WIDOWED, DIVORCED (Bpecify) Maysville 6. STREET ADDRESS (If rural, give location) ADATE (Month) OF OF OF OPPINITUTION HOME, In TOWN 5. SEX O 6. COLOR OR RACE MDATE OF OPPINITUTION OF OPPINITUTION HOME) TOWN Maysville C. CLTY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corporate limits, write RURAL and give township OR MAYSVILLE C. CITY (If outside corpor | EKalbadolesi Day (Year) (Day) (Year) 6 FAR F DESCRIPT MR |
| a. COUNTY DeKa 1h b. CITY (if outside corporate limits, write RURAL and give OR | EKa.1b adminated by the control of t |
| OR TOWN Maysville d. Full Name Of (if not in hospital or institution, give street address or location) HOSPITAL OR HOSPITAL OR HOME, In TOWN 3. NAME OF OF (First) DECEASED OF (Type or Print) DOSEPH 5. SEX OF 6. COLOR OR RACE Male White White Mayried TOWN 7. MARRIED, Married Widowedd, Divorced (Bpedity) Married 10b. KIND OF BUSINESS OR INDUSTRY DUSTRY Farm 13b. MOTHER'S MAIDE 13c. MATE OF BUSINESS 11c. SOCIAL SECURITY NO. NO 11d. NAME OF HUSBARD OR WIFE Carrie DISTANCE (Blate or foreign country) OF HUSBARD OR WIFE Carrie DISTANCE TOWN Maysville 14. DATE (Month) OF BUSINESS 15c. SOCIAL SECURITY NO. NO 16c. CLast) DEATH DEATH DEATH OF HOSPITAL OCCUPATION (Give kind of work done) OF HUSBARD OR WIFE Carrie DISTANCE TOWN Maysville 17. MARRIED, MORRIED DEATH OF HUSBARD OR WIFE Carrie DISTANCE TOWN Maysville 18. DATE OF BIRTH OF HUSBARD OR WIFE Carrie DISTANCE TOWN Maysville 19. AGE (In year) Months Da Da Hoth 1-24-56 19. AGE (In year) Months Da Da Hoth 1-24-56 19. AGE (In year) Months Da Da Hoth Hospital Months Da Da Hoth Hospital OF HUSBARD OR WIFE Carrie DISTANCE TOWN MAYSVILLE TOWN Maysville 19. ADTE (Month) OF HUSBARD OR WIFE Carrie DISTANCE TOWN MAYSVILLE TOWN MAYSVILLE TOWN Maysville 19. ADTE (Month) OF HOSPITAL Months Da Da Town Months Da Town Months Da Town Months Da Town Months Da Town Maysville TOWN Months DEATH ADDRESS (Wonths) 4. DATE (Months) OF HOSPITAL Months DISTANCE Months Months Da Town Months Town Maysville T | (Day) (Year) (Coay) (Year) (Coay) (Year) (Coay) (Year) (Coay) (Year) |
| d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR HOME, In TOWN 3. NAME OF DECEASED (First) OF DECEASED (Type or Print) 5. SEX (C. CLOR OR RACE Willow) Male White Married (Month) Months Married (Month) Married (Month) Married (Month) Married (Month) Married (Month) Months Married (Month) Married (Month) Months Married (Month) Married (Month) Months Months Married (Month) Months Months Married (Month) Months Mon | AND HOUSE ME MANUEL MAN |
| 3. NAME OF DECEASED (Type or Print) JOSeph Clay Berry Death 1-24-50 5. SEX (A COLOR OR RACE MARRIED, NEVER MARRIED, MUDOWED, DIVORCED (Bpecify) Male White Married Married Married Married Married Married Mounth Dustry Mounth Dustry Heart Farmer 3. AGE (In years of smoths and partied) Married Married Mounth Dustry Heart Mounth Dustry Heart Mounth Dustry Heart Mounth Dustry Heart Mounth Dustry Mounth Dustr | AND HOUSE ME MANUEL ME |
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| Oa. USUAL OCCUPATION (Give kind of work done of working life, even if retired) Farm Tarm 10b. KIND OF BUSINESS OR INDUSTRY Farm 10b. KIND OF BUSINESS OR INDUSTRY Farm 11b. MOTHER'S MAIDEN NAME 12c. NAME OF HUSBAND OR WIFE Carrie 13c. MOTHER'S MAIDEN NAME 13d. MOTHER'S MAIDEN NAME 14d. NAME OF HUSBAND OR WIFE Carrie 15d. NAME OF HUSBAND OR WIFE Carrie 17d. INFORMANT'S SIGNATURE OR NAME NO. 18d. CAUSE OF DEATH Enter only one obusine per ine for (a), (b), and (c) 18d. CAUSE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac failure | CITIZEN OF WE |
| Riley Berry No S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. Do. or unknown) No S. CAUSE OF DEATH Enter only one couse per ine for (a), (b), and (c) In the control of the control | U.S.A. |
| Riley Berry Mary Pence S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. no. or unknown) None None Medical Certification S. CAUSE OF DEATH Enter only one couse per Inc for (a), (b), and (c) Inc for (a), (b), and (c) Mary Pence To Pence To SCIAL SECURITY NO. None Carrie Berry Mayswille Medical Certification Medical Certification DIRECTLY LEADING TO DEATH*(a) Cardiac failure | CIDIA |
| (Yee, no, or unknown) (If yee, give war or dates of service) None NO. Carrie Berry Maysyille 18. CAUSE OF DEATH Enter only one course per I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac failure | <u> </u> |
| 8. CAUSE OF DEATH Enter only one on use per ine for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac failure | ADDRESS |
| line for (a), (b), and (c) | INTERVAL BETWE ONSET AND DEAT |
| AMERICAN CALIFORNIA | 12 no |
| *This does not mean ANTECEDENT CAUSES the mode of dying, such Morbid conditions, if any, giving DUE TO (b) MYOCARDITIS | 30 yr: |
| as heart failure, authenia, rise to the above cause (a) stating the underlying cause last. Garcinomatesticle | 1: yr |
| eate, mjury, ar compact. | |
| tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2 | 20. AUTOPSY? |
| Pla. ACCIDENT (Specify) SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) | (STATE) |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF WHILEAT NOT WHILE INJURY WORK AT WORK | |
| 22. I hereby certify that I attended the deceased from June 19 30, to Jan 24, 19 56, that I last so alive on Jan 249 56 and that death occurred at 11 PM; from the causes and on the date stated a | saw the deceas above. |
| 23a. SIGNATURE (Degree or title) (1)23b. ADDRESS Z | 23c. DATE SIGN 1/24/5 |
| 248. BURIAL, CREMA- 1 200. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) | |
| TION, REMOVAL Grades (1-27-56) Memorial Park St. Joseph | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS OF REG. JUNE AUTOR OF MAYSVILL | Mo |

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is recorded on the reverse | side of this | certificate | was embalm | ed by me, or | r by |
|--|--------------|-------------|------------|--------------|---------|
| | | Student | Embalmer | No | ******* |
| working under my personal supervision. | 1 | | 1 | | |

P. O. Address Maysville Mo. Note: The above MUST-BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No. 3933

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.

Student Embalmer