

Registration District No. 347

Primary Registration District No. 4211

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor, Mo.
(c) Name of hospital or institution:
221 Phelps Street
(d) Length of stay: In hospital or institution 19 years
In this community 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(d) Street No. 221 Phelps Street
(e) Citizen of foreign country? Yes

3. (a) PRINT FULL NAME Sarah Melissa Linville Berry

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife S.F. Berry 6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 6, 1848

8. AGE: Years 93 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Laurel County, Franklin, Ind.

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Wm. D. Linville
13. Birthplace Kentucky
14. Maiden name Mary Adams
15. Birthplace unknown

16. (a) Informant Mrs. J.B. McConnell
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof May 29, 42
(c) Place: burial or cremation Windsor, Missouri
Huston-Turner

18. (a) Signature of funeral director
(b) Address Windsor, Mo.

19. (a) May 30, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1942 hour 5 minute 35 p. M.

21. I hereby certify that I attended the deceased from May 5
1939 to May 27 1942
that I last saw her alive on May 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis
Duration 2

Due to

Due to

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings: Of operations g.s.a.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) (e) Means of injury 0
23. Signature William J. ... (M. D. or other) 0
Address Windsor, Mo. Date signed 5-29-42

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

12
2
0

RECEIVED
District Health Officer No. 7,
District File Number 6-42-569
Date Filed 6-8-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edw. H. Kuntz*

Licensed Embalmer No. 3391

P. O. Address *Windsor, 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.