No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27317
State File No.

Registration District No. 178 Primary Registration District No. 7000 Registrar's No. 667

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community 2 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Ash Grove Mo 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen Druella Berry
3. (b) If veteran, name war V
3. (c) Social Security No. V
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 26 (Day) 1918 (Year)
8. AGE: Years 29 Months 6 Days — If less than one day hr. min.
9. Birthplace Ash Grove (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House work
11. Industry or business None
MOTHER FATHER
12. Name Luther Berry
13. Birthplace Ash Grove (City, town, or county) Missouri (State or foreign country)
14. Maiden name Mannie White
15. Birthplace Cave Springs (City, town, or county) Mo (State or foreign country)
16. (a) Informant Luther Berry
(b) Address Ash Grove Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Berry Cemetery
18. (a) Signature of funeral director Guess Brown
(b) Address Walnut Grove Mo
19. (a) July-26-47 (Date received local registrar) (b) W E Handy MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1947 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from July 23, 1947 to July 26, 1947
that I last saw her alive on July 26 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	1 day.
Due to: Broncho-pneumonia	2 days
Due to: Tularemia	8 days.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 7-26-47 Microscopic not yet completed.

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) accident
(b) Date of occurrence July 18, 1947
(c) Where did injury occur? Ash Grove (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm - briar in thumb picking blackberries (Specify type of place)
While at work? (e) Means of injury Briar
23. Signature Don Silsby (M. D. or other) MD
Address Springfield Mo Date signed 7-26-47

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1941

JUL 7 19[illegible]

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.....

Ray Miller, Registered Apprentice No. 459,

working under my personal supervision.

Signed Gene A Brim

Licensed Embalmer No. 2664

P. O. Address Walnut Grove Mi

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.