

REC'D JUL 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22484  
Do not use this space.

1. PLACE OF DEATH  
 (a) County LACLEDE Registration District No. 449  
 (b) Township..... Primary Registration District No. 4267 Registered No.....  
 (c) City LEBANON (d) Street No. WALLACE HOSPITAL St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 600 LORA ANN BERRY  
 (a) Residence, No. DECAUTERVILLE MO St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. R. BERRY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 21 1897

7. AGE YEARS 41 MONTHS 08 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) LACLEDE Co (STATE OR COUNTRY) Mo

FATHER 13. NAME J. A. GIVENS  
 14. BIRTHPLACE (CITY OR TOWN) LACLEDE Co (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME EMMA A. DARROW  
 16. BIRTHPLACE (CITY OR TOWN) LACLEDE Co (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. J. A. Swens (ADDRESS) Decaturville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DARROW CEM DATE JUNE 25 39

19. FUNERAL DIRECTOR (NAME) PALMERS (ADDRESS) LEBANON

20. FILED 6.23 1939 J. A. McCreb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1939

22. I HEREBY CERTIFY That I attended deceased from June 21 1939 to June 23 1939. I last saw him alive on June 23 1939. Death is said to have occurred on the date stated above, at 7:40 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
Hypertension

Other contributory causes of importance:  
None

Name of operation none Date of.....  
 What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) [Signature], M. D.  
 (Address) Lebanon Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 7;

District File Number 7-39-105

Date Filed 7-14-39

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Robert Palmer*

Licensed Embalmer No. 1161

P. O. Address Stanton Ave

**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, above space should be left blank.**