

NOV 24 1939

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

36800
Do not use this space.

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 OCCASION is very important.
Corrected by affidavit Nov 13 1939

PLACE OF DEATH

(a) County Osage Registration District No. 639
(b) Township Benton Primary Registration District No. 5848-4383 Registered No. _____
(c) City Chamois, Mo. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 0 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME Jerry Berry

(a) Residence No. Chamois, MO. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4. COLOR OR RACE Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE _____
7. AGE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1899 1844
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SAWYER, BOOKKEEPER, ETC. None
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) Calleyway, County, Mo. (STATE OR COUNTRY) _____

13. NAME Harry Johnson

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY) _____

17. INFORMANT Ed. Sackles (ADDRESS) Chamois

18. BURIAL, CREMATION, OR REMOVAL PLACE Chamois, Mo DATE Sept-11-1939

19. FUNERAL DIRECTOR (NAME) Otto G. Storknich (ADDRESS) Chamois, Mo.

20. FILED Sept 11 1939 Edith Soudy (Address) Chamois, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-8-1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1939, to Sept 5th 1939. I last saw him alive on Sept 8th 1939. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:
dearhe & entortis
Date of onset _____
Other contributory causes of importance: 1200

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. J. Bourley, M. D.
Chamois, Mo. (Address) _____

See affidavit # 223 in misc file 1929

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,

Otto T. Stocksick

, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Otto T. Stocksick

Licensed Embalmer No.

1902

P. O. Address

Chamois, 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, above space should be left blank.