

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

36886  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Pettis Registration District No. 668  
 (b) Township Sedalia Primary Registration District No. 30-3-25889 Registered No. 295  
 (c) City Sedalia (d) Street No. Route # 3 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** Lewis Taylor Berry

(a) Residence, No. Route # 3 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah E. Berry  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
82 8 7  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 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) St. Joseph  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME John R. Berry  
 14. BIRTHPLACE (CITY OR TOWN) DK  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Eliza Ann Wright  
 16. BIRTHPLACE (CITY OR TOWN) DK  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Granville Thompson  
 (ADDRESS) Sedalia, Mo. Route # 3.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Oct. 16, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home  
 (ADDRESS) Sedalia, Mo.

20. FILED 10-16-1939 Mrs. Harry Sneed  
 (Address) 906  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1939 to Oct 15, 1939  
 I last saw him alive on Oct 14, 1939 19. Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Acute Coronary  
46  
 Other contributory causes of importance:  
Arteriosclerosis  
hypertension

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) Chas. S. Sneed M. D.  
 (Address) Sedalia, Mo.

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. 8,  
District File Number  
Date Filed 11/7/39

**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, .....

*L. E. Boulchin*

....., or by .....

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

Signed *L. E. Boulchin*

Licensed Embalmer No. *3847*

P. O. Address *Sealvia W.*

**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.**