

No. 2
1-10-39
17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24611**
Registrar's No. **729**

Registration District No. **85**

Primary Registration District No. **1001**

I. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one ~~week~~ day
(Specify whether years, months or days)
In this community Fifty years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 822 Hall Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Alphonso Berry
(b) If veteran, name war _____ (c) Social Security No. 600
491-10-6435

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 1
year 1940 hour 4 minute 15 M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Mrs. Mary Berry
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March 17, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-6, 1940, to 7-7, 1940; that I last saw him alive on 7-7, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 3 20 hr. min.

Immediate cause of death:
Acute intestinal obstruction
Sepsis peritonitis
Due to Carcinoma of spleen
flexure of transverse colon
Due to colon
Other conditions (Include pregnancy within 3 months of death) 46

9. Birthplace Fillmore Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture Finisher

11. Industry or business _____
12. Name Robert Berry
13. Birthplace Nodaway County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Catharine Asher
15. Birthplace Adams County, Illinois
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy See above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Bonnie Brooks
(b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof July 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? ✓ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Mrs. E. R. Sidenfaden F. Home
(b) Address 602 South 10th Street
19. (a) 7/8/40 (b) H. J. Neathbeek
(Date received local registrar) (Registrar's signature)

23. Signature Quay W. Whang (M. D. or other) MD
Address Westportside Bldg Date signed 7/8/40

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

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.....

Mollie E. Sidenfaden

Registered Apprentice No. 145

working under my personal supervision.

Signed



Licensed Embalmer No. 3876

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.