

JAN 13 1941
Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 388

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brandon Hosp.
(If not in hospital or institution, write street number or location) 10
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME John W. Berryman

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lyda Berryman 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 19, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 12 _____ hr. _____ min.

9. Birthplace Caladonia Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business General Merchandise

12. Name Thomas M. Berryman
13. Birthplace Ky. (City, town, or county) (State or foreign country)

14. Maiden name Corinia Hughes
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Jerrone Berryman

(b) Address Poplar Bluff Mo.

17. (a) Burial (b) Date thereof Jan. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director Frank Mortuary

(b) Address 412 Vine St. Poplar Bluff Mo.

19. (a) 1/3/41 (b) Kate Sutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits write "RURAL")
(d) Street No. 500 Cynthia (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1940 hour I minute 05 A.M.

21. I hereby certify that I attended the deceased from Dec-28
1940 to Dec-31, 1940
that I last saw him alive on Dec-31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage 12-28-40
Due to Hypertension
Due to Chronic Nephritis 6-20-40

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 121
Of autopsy _____

Duration

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) _____
(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) (a) Means of injury _____

23. Signature [Signature] (M. D. or other) !
Address Poplar Bluff Mo Date signed 1-3-41

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

MOTHER FATHER

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

Grover W. Green

Licensed Embalmer No.

2964

P. O. Address

Poplar Bluffs

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.