

13-40  
7-39  
MAR 19 1941

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Registration District No. **605**

Primary Registration District No. **4359**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Risco (Rural)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 corner of  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Harvey Clarence Berry

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mr. Mand Berry

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Oct 27 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 3 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wayne Co Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER

12. Name Stamp Berry

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Kathleen Dawson

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Berry (daughter)

(b) Address Risco Mo

17. (a) Burial (b) Date thereof Oct 13, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carter, Mo

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) Oct 11/41 (b) Dr. G. W. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Risco Mo 72  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11  
year 1941 hour 2:30 minute 0 M.

21. I hereby certify that I attended the deceased from I did not see him alive 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Accident gunshot wound

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 1st  
(Include pregnancy within 3 months of death) 2nd

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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) Accident

(b) Date of occurrence Feb 11, 1941 012

(c) Where did injury occur? Total rear home  
(City or town) (County) (State) Risco New Madrid Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On farm near home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Gun shot wound

23. Signature G. W. ... M. D. (M. D. or other) 0

Address Parma, Mo Date signed 2/11/41

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

RECEIVED

District Health Officer No. 2

District File Number 341-354

Date Filed 3/11/41

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**