

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9875**

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Wm. Smith 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. 508 E. Patterson
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1941 hour 12 midnight M.
21. I hereby certify that I attended the deceased from
July, 1935, to March 11, 1941;
that I last saw him alive on March 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Embolic of liver metastatic
myocarditis, degenerative
Due to hypertension - chronic - cause
unknown

Duration

2 years
2 years
2 years

Due to unknown
Other conditions (Include pregnancy within 3 months of death)
12410

Major findings:
Of operations

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)
(e) Means of injury _____
23. Signature J. J. Kimp (M. D. or other) M.D.
Address Kirkville, Mo. Date signed 3/12/41

3. (a) PRINT FULL NAME Fred E. Berry
3. (b) If veteran, name war FATL 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife-if alive _____ years

7. Birth date of deceased Jan 20 1883
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 21
If less than one day hr. min.

9. Birthplace Schley Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Automobile dealer

11. Industry or business _____

12. Name Charles Herschil Berry

13. Birthplace Iowa 1
(City or town, or county) (State or foreign country)

14. Maiden name Edna Sweet

15. Birthplace Green City Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Berry

(b) Address 508 E. Patterson St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13-41
(Month) (Day) (Year)

(c) Place: burial or cremation Placent Home

18. (a) Signature of funeral director Sumner Huchtagh

(b) Address 117 E. 11th St

19. (a) 3-13-41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

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

333

1
3
3

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..... *W.C. Summer*.....

Licensed Embalmer No. *2159*.....

P. O. Address..... *Richsville 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, fact should be so stated above.