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

FILED JUL 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22043

Registration District No. 467 Primary Registration District No. 5628 Registrar's No. 39

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Aurora, Mo. R.F.D. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 1 Mile South West of Aurora (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days) In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lawrence
(c) City or town: Aurora "Rural" (If outside city or town limits, write "RURAL")
(d) Street No.: 1 mile South West of Aurora (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Alice L. Berry
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cornelius Berry
6. (c) Age of husband or wife if alive: Unknown
7. Birth date of deceased: July (Month) 5 (Day) 1867 (Year)
8. AGE: Years 72 Months 11 Days 8 If less than one day ____ hr. ____ min.
9. Birthplace: Lawrence County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Housewife
11. Industry or business: At Home
MOTHER FATHER
12. Name: W. F. Kelley
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Susan Riggs
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Claude Berry
(b) Address: Aurora, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park
18. (a) Signature of funeral director: Oskar L. Marsh
(b) Address: Aurora, Mo.
19. (a) 7-2-41 (Date received local registrar) (b) R.D. Cowan, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th year 1941 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 10, 1941 to June 5, 1941; that I last saw her alive on June 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrage — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: R.D. Cowan (M. D. or other)
Address: Aurora Date signed 6/5/41

(Licensed Embalmer's Statement on Reverse Side)

R[illegible]
Dis[illegible] [illegible]icer No. 6,
District File Number 741-1021
Date Filed JUL 7 1940

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

Signed Oscar L. Marsh

Licensed Embalmer No. 5812

P. O. Address Aurora Mo

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

If this body is not embalmed, fact should be so stated above.