

FILED OCT 27 1941

Registration District No. 260

Primary Registration District No. 5362

Registrar's No.

1. PLACE OF DEATH:

(a) County DE KALB
(b) City or town COLFAX
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution 7 months
In this community 7 months

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DeKalb
(c) City or town Rural
(d) Street No.
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 30 day
year 1941 hour 8:30 P.M. M.
21. I hereby certify that I attended the deceased from May 10
1941 to Sept. 30 1941
that I last saw her alive on September 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coroner Thrombosis
Duration

Other conditions: (Include pregnancy within 3 months of death) 9/4/41
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:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature M. S. Hale (M. D. or other)
Address Ashburn mo. Date signed Sept 30 1941

3. (a) PRINT FULL NAME Elizabeth M. BERRYMAN
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, widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 11 1963 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name Jonathan Robbins
13. Birthplace Unknown (City, town, or county) 7 (State or foreign country)
14. Maiden name Mary Brown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant W. F. Sherman
(b) Address Ashburn mo

17. (a) Burial (b) Date thereof Oct 2, '41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph Mo

18. (a) Signature of funeral director W. F. Sherman
(b) Address St. Joseph Mo

19. (a) Sept 30 1941 (Date received local registrar)
(b) Milled M. Mahill (Registrar's signature)

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

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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.....

John Roy Stoney
..... Licensed Embalmer No. *2435*.....

P. O. Address. *St Joseph 710*.....

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.