

FILED AUG 13 1942

Registration District No. 678

Primary Registration District No. 5905

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps Co
(b) City or town Russell Lawrence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

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

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

4. Sex F 5. Color or race W
6. (b) Name of husband or wife Thos Berry 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased 2 - 22 - 1894
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Phelps Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Thos Fisher 9

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

14. Maiden name Francis Blackwell 9
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Paul Bremer

(b) Address St James 2nd

17. (a) Burial (b) Date thereof 6-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove cems

18. (a) Signature of funeral director W. H. Ruckler

(b) Address St James 2nd

19. (a) 7-9-42 (b) Thos Berry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27
year 1942 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from June 20, 1942 to June 27, 1942
that I last saw h. alive on June 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 7 days

Due to _____

Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 W. H. Ruckler (M. D. or other)

Address St James Mo Date signed 7/9/42

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

81
00

81
00

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. E. Luchler

Licensed Embalmer No. 1970

P. O. Address St. James MD

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25-009

Registration District No. 678

Primary Registration District No. 5905

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nancy J. Berry

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Thurs. Feb. 22 1905
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days _____ (If less than one day, _____ min.)

9. Birthplace _____ (City, town, or county) (State or foreign country) mo

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace Dent Co _____ (City, town, or county) (State or foreign country) mo

14. Maiden name _____

15. Birthplace Dent Co _____ (City, town, or county) (State or foreign country) mo

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
_____ 19____;
that I last saw him/her live on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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) _____

(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 _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER } SUPPLEMENTARY

