S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29343

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3457

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2928 Forest / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether years, months or days) In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 6

(d) Street No. 2928 Forest (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Flora A. Berry

3. (b) If veteran, name war XX

3. (c) Social Security No. None

4. Sex Fe /

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Edward A. Berry

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

7. Birth date of deceased November (Month) 17 (Day) 1844 (Year)

8. AGE: Years 97 Months 10 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace Alna (City, town, or county) Maine / (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Ward L. Lewis
13. Birthplace (City, town, or county) Maine / (State or foreign country)

MOTHER
14. Maiden name Martha L. Howe
15. Birthplace (City, town, or county) Maine / (State or foreign country)

16. (a) Informant Josephine Berry

(b) Address 2928 Forest

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Waterville, Kansas

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 9/21/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-11, 1942 to 9-19, 1942 that I last saw her alive on 9-19-42, 19__ and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial dilatation, Left ventricle failure

Due to Myocardial degeneration

Due to Arterial change Coronary

Other conditions (Include pregnancy within 3 months of death) 9-3-D

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. C. Alfred (M. D. or other)

Address 1225 Rialto Bldg Date signed 9/21/42

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(Licensed Embalmer's Statement on Reverse Side)

1225 Rialto
VI-3647
1 to 5

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Missou

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.