V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 1 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2258

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 437

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Howard
(c) City or town: Fayette
(If outside city or town limits, write "RURAL")
(d) Street No.: none
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: MARY JANE BERKLEY
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan (Month) 18 (Day) 1880 (Year)
8. AGE: Years 63 Months 11 Days 2 If less than one day hr. min.
9. Birthplace: Fayette (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housework
11. Industry or business: own Home
FATHER
12. Name: Charles Berkley
13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name: Ann Patterson
15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant: State Hosp. #1 - Records
(b) Address: Fulton, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-21-1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Walnut Ridge Cemetery
18. (a) Signature of funeral director: Guy T. Holley
(b) Address: Fayette, Mo.
19. (a) 12-21-1943 (Date received local registrar) (b) Josie Mordecai (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1943 hour 1 minute 52 P.M.
21. I hereby certify that I attended the deceased from Dec 15, 1943, 19..., to Dec 21, 1943; that I last saw her alive on Dec 21, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	3 min.
~~Due to~~ Cerebral arterio-sclerosis	yrs?
Due to	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: —	

GHD

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: 0
(f) Signature: John J. Blasko M.D. (M. D. or other)
Address: Fulton, Mo Date signed 9/21/43

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.