No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41401

Registration District No. FILED JAN 10 1945 Primary Registration District No. 3032 Registrar's No. 121

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 327 E Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 48 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. 327 E. Market St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nanny L. Lewis Berry
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife A. J. Berry
6. (c) Age of husband or wife if alive, or if dead, how long deceased Deceased years
7. Birth date of deceased July (Month) 18 (Day) 1852 (Year)

8. AGE: Years 93 Months 4 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Glascow (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housekeeper
11. Industry or business Home
MOTHER FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) 0
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 0
16. (a) Informant Mr Lewis Berry
(b) Address 327 E Market; Warrensburg
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.
19. (a) Dec 9, 1944 (Date received local registrar) (b) Deola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1944 hour 5 minute 50 A.M.
21. I hereby certify that I attended the deceased from Dec 1, 1943 to Dec 8, 1944, that I last saw he alive on Dec 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

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? (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 [illegible] M.D. (M. D. or other)
Address Warrensburg Mo Date signed Dec 8, 44

(Licensed Embalmer's Statement on Reverse Side)

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

1001

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.