S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13671

State File No.

FILED MAY 13 1946

Registration District No. 127 Primary Registration District No. 3032 Registrar's No. 42

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: 624 W. Gay St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Johnson 51
(c) City or town: Warrensburg Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 624 W. Gay 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Tyree Harris Berry
3. (b) If veteran, name war: No
3. (c) Social Security No. 492-18-7414
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Flora Berry
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: May (Month) 11 (Day) 1875 (Year)

8. AGE: Years 60 | Months 11 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace: Sweet Springs (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: None
FATHER
12. Name: James Berry
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name: Phebe Ann Pitts
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Joe Heidler
(b) Address: Warrensburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/19/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Centerview Mo. Cem.
18. (a) Signature of funeral director: Sweeney & Phillips
(b) Address: Warrensburg Mo.
19. (a) Apr 18, 1946 (Date received by local registrar) (b) Lorenz Oberlefield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1946 hour 6 minute 10 A.M.
21. I hereby certify that I attended the deceased from ____, 1946 to April 17, 1946 that I last saw him alive on April, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Uremia — Duration 4 Days
due to Chr. Rens. Cardiovascular disease — 5 years
Due to: senility
Due to: 1370
Other conditions (Include pregnancy within 3 months of death): prostatic hypertrophy
Major findings:
Of operations: prostatic hypertrophy — transurethral resection
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: 0
23. Signature: [illegible] M.D. (M. D. or other)
Address: Warrensburg Mo. Date signed 4-16-46

141 (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 R. Q. Phillips 2320

Licensed Embalmer No. 2320

P. O. Address Warrenshurg, 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.