

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30157

FILED OCT 14 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4141

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:
107 West 10th Street, 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days)

In this community 23 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte ⁹⁹⁴

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") ¹⁴

(d) Street No. 4005 Cambridge
(If rural, give location) ⁰

(e) Citizen of foreign country? no. (Yes or No) ²

If yes, name country _____ X

3. (a) PRINT FULL NAME Harry L. Berry

3. (b) If veteran, name war none

3. (c) Social Security No. 486-07-6986

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30
year 1946 hour 12:37 minute P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Nettie M. Berry

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February 6 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
(that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>7</u>	<u>24</u>	hr. _____ min.

Immediate cause of death Coronary Atherosclerosis

Due to Coronary Atherosclerosis

9. Birthplace Mankato Kansas
(City, town, or county) (State or foreign country)

Due to _____

Other conditions g to.
(Include pregnancy within 3 months of death)

10. Usual occupation Office Manager

11. Industry or business Worthington Pump & Machine Co.

Major findings: 94a
Of operations _____

12. Name Otis N. Berry

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

Of autopsy no
Staling & Pymphet

14. Maiden name Mary

15. Birthplace Kansas
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

16. (a) Informant Nettie M. Berry

(b) Address 4005 Cambridge

17. (a) removal (b) Date thereof 9-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Forest Hill

18. Signature of funeral director Stine & McClune
H. C. Stine 3236 Gillingham Plaza, K. C., Mo.

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature Kim Walker (M. D. or other) _____
Address 1424 Prof. Bldg. Date signed 9-30-46

19. (a) 10-1-46 (b) Gertrudine Holman
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

285574

SEP 26 1947

MAR 12 1958

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address. 1/C. 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.