

FILED AUG 20 1947

Registration District No. 382

Primary Registration District No. 4228

Registrar's No. 6

1. PLACE OF DEATH:

(a) County HOWARD
(b) City or town GLASGOW
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 years
In this community 29 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Glasgow
(d) Street No. _____
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME MAUDE BERRY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-1-1947 to 7-8-1947
that I last saw him alive on 7-8-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 1 1/2 days

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert P. Berry 6. (c) Age of husband or wife if alive 75
7. Birth date of deceased FEB. 20, 1875

8. AGE: Years 72 Months 4 Days 18 hr. _____ min. _____

9. Birthplace Sweet Springs, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Her Home

MOTHER FATHER { 12. Name Benjamin Poe
13. Birthplace U.S.A.
14. Maiden name Pauline Beattie
15. Birthplace Sweet Springs, Mo.

16. (a) Informant Raymond Berry
(b) Address Glasgow, Mo.

17. (a) Burial (b) Date thereof July 6, 1947
(c) Place: burial or cremation Glasgow, Mo.

18. (a) Signature of funeral director W. B. Nitcher
(b) Address Glasgow, Mo.

19. (a) 7-9-47 (b) Joe King
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none
Of autopsy _____

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? _____
While at work? (Specify type of place) _____ (e) Means of injury _____
23. Signature W. B. Nitcher (M. D. or other) _____
Address Glasgow, Mo. Date signed 7-9-47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-18-47

JUN 10 1948

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. Walker Audsley
Licensed Embalmer No. 3336

P. O. Address Glasgow 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.