V. S. No. 2
100M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37264

Registration District No. 47 — Primary Registration District No. 3008 — Registrar's No. 376

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 No 1. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years. (Specify whether
In this community same.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway 14
(c) City or town Fulton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 325 N. W. 8th Street 2
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FANNIE BERRY.

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex F. 1
5. Color or race N.
6. (a) Single, widowed, married, divorced S. 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 1 (Month) 5 (Day) 1873. (Year)

8. AGE: Years 74 | Months 9 | Days 18. | If less than one day hr. min.

9. Birthplace Callaway Co. (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Retired Cook.
11. Industry or business
FATHER
12. Name D.K.
13. Birthplace deceased (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name D.K.
15. Birthplace deceased. (City, town, or county) 9 (State or foreign country)
16. (a) Informant Hospital Records
(b) Address Fulton Mo.
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct. 26-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ South Side Cemetery
18. (a) Signature of funeral director Eliz Bell
(b) Address Fulton, Mo.
19. (a) Oct 24 1947 (Date received local registrar) (b) Josie Morrow Kraff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 23 year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-19-47, 19..., to 10-23-47, 19...; that I last saw her alive on 10-23-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93P

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 J. C. Caldwell (M.D. or other) M.D.
Address Fulton Mo. Date signed 10/23/47
by A Fuego M.D.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 19 1942

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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.