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11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15226**

FILED APR 20 1948

Registration District No. **3160**

Primary Registration District No. **6225**

Registrar's No. **58**

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washingtontown Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital # 3.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community 12 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EPHRAIM J. BERRY

3. (b) If veteran, name war DK.

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 4-12-1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>0</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation Truck Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Ephraim J. Berry

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

14. Maiden name Ernest Miller

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

16. (a) Informant Records

(b) Address State Hospital, Nevada, Mo.

17. (a) Reinterred (b) Date thereof 4-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Palmer's

(b) Address Lebanon, Missouri

19. (a) 4-9-48 (b) W. R. Bunch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

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

(d) Street No. Rural.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9
year 1948 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 3-29-1948 to 4-9-1948
that I last saw him alive on 4-8-1948
and that death occurred on the date and hour stated above.

Immediate cause of death central arteriosclerosis

Due to _____

Due to _____

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

Major findings: Of operations 97

Of autopsy _____

PHYSICIAN

Duration _____

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 W. R. Bunch (M. D. or _____)
Address State Hospital # 3 Date signed 4-9-48

RECEIVED

District Health Officer No. 7,

District File Number 3-48-413

Date Filed 4-19-48

APR 23 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 S R Palmer

Licensed Embalmer No. 2208

P. O. Address Albany 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, above space should be left blank.