

S. No. 300  
MOM - 10-47  
Rev. 5-17-39  
I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19380

State File No. \_\_\_\_\_

FILED JUN 26 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2535

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 721 W. 11th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Washington Berry

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

4. Sex male 5. Color or race Wht 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Lilly Berry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 7 1871  
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Laborer

11. Industry or business \_\_\_\_\_

12. Name unknown 9

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

14. Maiden name unknown 9

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

16. (a) Informant Elmer F. Berry  
(b) Address 721 W. 11 st. K.C. Mo.

17. (a) removal (b) Date thereof 6-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. K.C. Mo.

18. (a) Signature of funeral director Simmons  
(b) Address 1404 So. 37 K.C. Mo.

19. (a) 6-17-48 (b) Therese Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1948 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 11:30 AM 6-16 1948 to 12:45 PM 6-16 1948;  
that I last saw him alive on June 16, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

\_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) g36

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

\_\_\_\_\_

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 fall

23. Signature Wm W. Hart (M. D. or other) Med. Dir. General Hospital  
Address \_\_\_\_\_ Date signed 6-16-48

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

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

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**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 H. Simmons

Licensed Embalmer No. 3903

P. O. Address K C Ka

**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.**