

No. 2  
5-43  
5-17-39  
X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19914

State File No. ....  
Registrar's No. 43

FILED JUL 14 1948  
Registration District No. 163

Primary Registration District No. 5596

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

1. PLACE OF DEATH:  
 (a) County Jefferson  
 (b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
De Soto Rt #3  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jefferson  
 (c) City or town Rural 50  
(If outside city or town limits, write "RURAL")  
 (d) Street No. De Soto Rt #3 00  
(If rural, give location)  
 (e) Citizen of foreign country? NO 0  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Edward M. Berry  
 3. (b) If veteran, name war — 3. (c) Social Security No. —  
 4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Martha Berry 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased July 2 1871  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 1  
 year 1948 hour 1 minute 25 A.M.  
 21. I hereby certify that I attended the deceased from May 27 1948 to July 1 1948  
 that I last saw him alive on July 1 1948  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Breast carcinoma 3mo.  
 Duration

8. AGE: Years 76 Months 11 Days 29  
 If less than one day hr. min.

Due to.....  
 Due to.....

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

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

10. Usual occupation Farmer

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

11. Industry or business  
 12. Name Unknown 9  
 13. Birthplace.....  
 14. Maiden name.....  
 15. Birthplace.....

Major findings:  
 Of operations.....  
 Of autopsy.....

16. (a) Informant Myrtle Mae Jackson  
 (b) Address 5220 Palm St Louis Mo  
 17. (a) Burial (b) Date thereof 7-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation MT Olive cemetery  
 18. (a) Signature of funeral director "Fink's"  
 (b) Address Festus, Mo

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) (c) Means of injury.....

19. (a) 7/8/48 (b) Marie Harris  
(Date received local registrar) (Registrar's signature)

23. Signature J. Phuech 2 DP.  
 Address De Soto Mo Date signed 7/2/48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 7/3/48

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 Elena Province  
Licensed Embalmer No. 3403  
P. O. Address Festus 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.