

FILED AUG 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 25785

Sarah

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>State Missouri</b>		b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. LENGTH OF STAY (in this place) <b>6 Mos</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 138 N. Handy</b>			d. STREET ADDRESS (If rural, give location) <b>138 N. Handy</b>		

3. NAME OF DECEASED (Type or Print)		a. (First) <b>Firmon</b>	b. (Middle) <b>Wesley</b>	c. (Last) <b>Berry</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 9 1949</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>		8. DATE OF BIRTH <b>9/12/98</b>	9. AGE (in years last birthday) <b>50</b>	IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 1 YEAR Days <b>27</b>	IF UNDER 24 HRS. Hours <b>2</b>	Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Hagerville, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>George Berry</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret ?</b>	14. NAME OF HUSBAND OR WIFE <b>Ollie V. Berry</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Pauline Parks - Sikeston</b>	ADDRESS <b>Sikeston</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-1**, **1946** to **7-9**, **1949**, that I last saw the deceased alive on **7-9**, **1949**, and that death occurred at **16:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. M. Parks, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Madhouse, Mo</b>	23c. DATE SIGNED <b>7-13-49</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/11/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Sikeston Mo.</b>
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DATE REC'D BY LOCAL REGISTRAR <b>July 26-49</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Nesta R. Hillman</b>	ADDRESS <b>Sikeston</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 6 1941  
District Health Office No. 2,  
District File Number 8498 02  
Date Filed \_\_\_\_\_

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed John Alenton

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address Salisbury

**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.