

FILLED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35891  
Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 744  
 (b) Township Richmond Primary Registration District No. 3035 Registered No. Richmond Hospital  
 or Richmond  
 (c) City Richmond (d) Street No. 0 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

ANNA MAE BERRY POLO Mo.  
 (a) Residence, No. ROUTE 3 St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-19-41  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pressure infant  
 9. Industry or business in which work was done, as saw mill, bank, etc. Pressure infant  
 10. Date deceased last worked at this occupation (month and year) Richmond Mo 11. Total time (years) spent in this occupation 16/1a  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo  
 FATHER 13. NAME Chris Logan Berry  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 MOTHER 15. MAIDEN NAME Madine Louis Phillips  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Mo  
 17. INFORMANT (ADDRESS) Chris Berry Polk Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Polk Mo DATE 10-20-41  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Family  
 20. FILED Oct 20 19 41 Malid Jackson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19-41 19 41  
 22. I HEREBY CERTIFY, That I attended deceased from 10-19-41, 19... to 10-19-41, 19...  
 I last saw her alive on 10-19-41, 19... Death is said to have occurred on the date stated above, at 9:45 m.  
 The principal cause of death and related causes of importance were as follows:  
Asphyxiation (intra-uterine)  
 Date of onset 16/1a  
 Other contributory causes of importance: Premature separation of placenta  
 Name of operation Caesarian Date of 10-19-41  
 What test confirmed diagnosis? Pat. Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19...  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury mother struck by train  
 Nature of injury premature separation of placenta  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) W. H. Griffith, M. D.  
 (Address) Richmond Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

\_\_\_\_\_

Date 11-13-41 \_\_\_\_\_

---

---

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**