

REC'D APR 25 1940
Registration District No. _____

Primary Registration District No. 6-1-6
Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ray Co. Mo.

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

(c) Name of hospital or institution: _____
(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 and days

3. (a) PRINT FULL NAME MARY ELL BERRY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J.H. Berry 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov 10 - 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Thos G. Moss

13. Birthplace Ray Co Mo
(City, town, county) (State or foreign country)

14. Maiden name Charles Temple

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

16. (a) Informant's own signature Clara Berry

(b) Address Polo Mo.

17. (a) Burial (b) Date thereof Mar 7 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Council Mo

18. (a) Signature of funeral director Chas. Berry

(b) Address Council Mo

19. (a) 3-7-40 (b) X
(Date received local registrar) (Registered signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

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

(d) Street No. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 5
year 1940 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____
1934, to _____ 1940,
that I last saw her alive on March 5, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis (arteriosclerosis) Duration 2 days

Due to Generalized Hypertensive arteriosclerosis several years

Due to _____

Other conditions Chronic Myocarditis several years
(Include pregnancy within 9 months of death)

Chronic cholecystitis PHYSICIAN _____

Major findings: _____

Of operations none

Of autopsy none

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? 176
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J.E. Goldberg (M. D. or other) _____

Address Polo, Missouri Date signed 3/6/40

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.

WHITE PAPER—USE UNWRAPPING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-16-40

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 *C. Reed*
Licensed Embalmer No. 2194
P. O. Address *Council Bluffs*

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.