

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

25240  
Do not use this space.

AUG 14 1939

1. PLACE OF DEATH  
 (a) County Callaway Registration District No. 107  
 (b) Township Jackson Primary Registration District No. 1750 Registered No. 23  
 (c) City ..... (d) Street No. .... St.  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary A. McBride  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Franklin McBride

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 - 1866

7. AGE YEARS 73 MONTHS 3 DAYS 9 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Boone Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Jacob Polme 0  
 14. BIRTHPLACE (CITY OR TOWN) Boone 1 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown 9  
 16. BIRTHPLACE (CITY OR TOWN) Id. (STATE OR COUNTRY)

17. INFORMANT Mrs Roy Cowles  
 (ADDRESS) Andover, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE Aug. 1st 1939

19. FUNERAL DIRECTOR (NAME) Hughes Markup  
 (ADDRESS) Andover, Mo.

20. FILED July 30 1939 W. B. Nichols  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw her alive on July 30 1939. Death is said to have occurred on the date stated above, at B. A. m.  
 The principal cause of death and related causes of importance were as follows:  
Death apparently was from a sudden attack of Heart ailment, a disease from which she had been subject to for several months  
 Date of onset

Other contributory causes of importance: J. P. W.

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify U. W. Holman, Coroner  
 (Signed) U. W. Holman, Coroner  
 105 (Address) 9 - E. 8th St. Fulton, Mo.

**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.....

*John Batchelder*....., Registered Apprentice No. *192*  
working under my personal supervision.

Signed *Hughes Maukin*.....

Licensed Embalmer No. *2358*

P. O. Address *AuxVasse, 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, above space should be left blank.**