

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 221

DEC 17 1939

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(c) Name of hospital or institution: no  
(d) Length of stay: In hospital or institution no  
In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone  
(c) City or town Columbia  
(d) Street No. 610 N 6th St  
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME John William Mc BRIDE

3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4th year 1939 hour 8 Pm minute M.

21. I hereby certify that I attended the deceased from 3-11-39 1939, to Nov. 4 - 1939, that I last saw him alive on 11-4-39 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Zada H Mc Bride 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased July 19 1859  
(Month) (Day) (Year)

Immediate cause of death Cerebral Haemorrhage Duration 2 days

8. AGE: Years 80 Months 3 Days 15 If less than one day - hr. - min.

Due to Heart block 7 mo.

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

Due to Pulser 18 for minute for 7 mo.

10. Usual occupation Butcher

Other conditions Abdominal drainage bladder for 4 mo.

11. Industry or business Retail

12. Name David Marion Mc Bride

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

14. Maiden name Martha Elizabeth Roberts

15. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bessie E. Morris

(b) Address 408 South 9th St

17. (a) Burial (b) Date thereof Nov 7 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Cem

18. (a) Signature of funeral director R. O. Minick

(b) Address Columbia Mo

19. (a) 11/6/39 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

Major findings: None

Of operations None Of autopsy no

22. If death was due to external causes, fill in the following: no

(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) (e) Means of injury \_\_\_\_\_

23. Signature W. P. Dyson (M. D. or other) \_\_\_\_\_

Address Columbia Mo. Date signed 11-2-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39

**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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Lyman W. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.**