

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registration District No. 464

Primary Registration District No. 4277

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
314 South 2nd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Odessa Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 314 South 2nd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Louisa Everett Mc Bride
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John B M. Bride 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 31 1849
(Month) (Day) (Year)

8. AGE: Years 90 Months 7 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Cabell Co. West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name UNKNOWN G
13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Garnett Gibbs
(b) Address Odessa, Mo

17. (a) Burial (b) Date thereof Mar. 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Mo. Cem.

18. (a) Signature of funeral director Blincourt
(b) Address Odessa Mo

19. (a) 3-23-1940 (b) Mrs E. M. Gardner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 23rd, year 1940 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from Mar 23 1940 on Mar 23rd to Mar 23rd, 1940, that I last saw her alive on Mar 23rd and that death occurred on Mar 23rd at 1940

Immediate cause of death a fall & fracture of hip vertebra caused by cardiac embolism
Due to _____
Due to _____

Other conditions Cardiac Decompensation
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 180 11

Duration _____
PHYSICIAN _____
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 3/23/40
(c) Where did injury occur? At home Odessa Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4 1/2
(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature R E Schooley (M. D. or other) _____
Address Odessa Mo Date signed 3/25/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

54
8
0

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-11-40

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

[Handwritten Signature]

Licensed Embalmer No. 2945

P. O. Address Adonia 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.