

FILES DEC 12 1941

Registration District No. 208

Primary Registration District No. 5562

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - Marion Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R # 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community. 76 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R # 4 Carthage.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Kate Ellen McBride

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Aug 16 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 20 hr. min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name J. C. Willoughbi

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Bryant

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elva Turk

(b) Address R # 3 Carthage Mo.

17. (a) Burial (b) Date thereof Nov. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudenville Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Nov. 7, 1941 (b) E. J. McIntire, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1941 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 1939 to Nov 6 1941
that I last saw her alive on Nov 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 days
Due to Generalized arteriosclerosis unknown

Due to.....

Other conditions (Include pregnancy within 3 months of death)
1

Major findings: Of operations 130
Of autopsy.....
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?

While at work? (Specify type of place) Means of injury.....

23. Signature [Signature] (M. D. or other) M.D.
Address Carthage Mo Date signed 11-7-41

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

16
2
9

49
2
8

41-12-995

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 *John D. Batchelder*

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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, fact should be so stated above.