

FILED NOV 13 1942

Registration District No. 1

Primary Registration District No. 4170

Registrar's No. 54

32
00

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

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Union Star Mo.
(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.
In this community 61 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb
(c) City or town Union Star, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ELMER D. McBRIDE

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased. Dec. 8, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 6 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Chas W. McBride
13. Birthplace Buchanan Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Frances Finney
15. Birthplace Buchanan Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. G. M. Donald

(b) Address Clark Dale Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo.

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City Mo.

19. (a) 10-16-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 14 day 14
year 1942 hour 3:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 13, 1942 to Oct 14, 1942
that I last saw him alive on Oct 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Cancer Bowel.

Due to.
Due to.

Other conditions (Include pregnancy within 3 months of death) 462

Major findings: Of operations. Of autopsy.

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.
(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 [Signature] (M. D. or other) Address Union Star Mo Date signed 10-15-42

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.....

Lucile M. Wilson

Licensed Embalmer No.....

2830

P. O. Address.....

King City, 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.