

Registration District No. 278 Primary Registration District No. 3054

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution: Pike Co. Hospital
(d) Length of stay: In hospital or institution. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike 82
(c) City or town Curryville
(d) Street No. Rural
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES LEE McBRIDE
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 25
year 1945 hour 2 minute A M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Frances McBride
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Oct 15 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 21st 1945 to Jan 25 1945
that I last saw h. in Jan 24th 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Uremic poisoning
Due to Hypertrophied prostate

8. AGE: Years 68 Months 3 Days 10
If less than one day hr. min.

Due to 137a
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Pike Co Mo.
(City, town or county) (State or foreign country)
10. Usual occupation farmer

Major findings: Hypertrophied prostate
Of operations
Of autopsy

MOTHER FATHER
11. Industry or business
12. Name Thomas McBride
13. Birthplace Virginia
14. Maiden name Haney Whitstall
15. Birthplace England

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?
(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 0

16. (a) Informant Mrs. Charles McBride
(b) Address Curryville Mo.
17. (a) Burial (b) Date there Jan 27 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Columbian Mo.
18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo.
19. (a) 126145 (b) J. Haney
(Date received local registrar) (Registrar's signature)

23. Signature J. R. Ryan M.D. (M. D. or other)
Address Bowling Green, Mo. Date signed 1/26/45

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

MAY 27 1950

RECEIVED
District Health Officer No. 10
District File Number 2-45-300
Date Filed FEB 11 1945

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 Grace M. Dampfhead
Licensed Embalmer No. 22043
P. O. Address Bowling Green, Pa.

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.