S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10320

Registration District No. 254 Primary Registration District No. 4386 Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer (If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Thayer / (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruth Kay McBride
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Infant
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 8 (Day) 1944 (Year)

8. AGE: Years	Months	Days	If less than one day
	4	1	hr. min.

9. Birthplace Thayer (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Charlie McBride
13. Birthplace Salem (City, town, or county) Arkansas (State or foreign country)
MOTHER
14. Maiden name Verna Humphreys
15. Birthplace Mammoth Spring (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Charlie McBride
(b) Address Thayer, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/45 (Month) (Day) (Year)
(c) Place: burial or cremation Thayer Cem.
18. (a) Signature of funeral director Leo Carr
(b) Address Thayer, Mo.
19. (a) 3-10-45 (Date received local registrar) (b) Fae D. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1945 hour 12 minute 10 P. M.
21. I hereby certify that I attended the deceased from Feb 7, 1945, to Feb 9, 1945; that I last saw her alive on Feb 9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	2½ day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 107

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C W Cooper (M. D. or other) M.D.
Address Thayer Mo Date signed 3-1-45

1112

(Licensed Embalmer's Statement on Reverse Side)

Cooper

RECEIVED
District Health Officer No. 5,
District ... 445176
Date Filed 4.9.45

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.