S. No. 2
M—5-43
. 5-17-39
I· X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3005

Dr La Hue

State File No. 16253

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Butler Memorial Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)

In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 7

(c) City or town Humo 0
(If outside city or town limits, write "RURAL")

(d) Street No. West Part Town 0
(If rural, give location)

(e) Citizen of foreign country? — 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry Douglas McBride

3. (b) If veteran, name war —

3. (c) Social Security No. 495-05-8949

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M O

6. (b) Name of husband or wife Maude McBride

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept 12 1884 (Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Sedalia Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Lumberman

11. Industry or business Mgr. Lumber Yard

FATHER
12. Name Matthew McBride 8
13. Birthplace Ohio 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Flesher
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maude McBride

(b) Address Hume Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/45 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn - Rich Hill

18. (a) Signature of funeral director Booths - Rich Hill

(b) Address

19. (a) May 19, 1945 (Date received local registrar) (b) Pauline Cumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1945 hour 1006 minute P M.

21. I hereby certify that I attended the deceased from May 5th 1945, to May 9th 1945 that I last saw him alive on May 9th 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Chronic nephritis & diabetes

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

61

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L D La Hue (M. D. or other) MD

Address Butler Mo Date signed 5-18-45

1306

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1946

0-45-518

Date Filed 6-7-46

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 G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.