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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24330

State File No. 24330

FILED JUL 28 1945

Registration District No. 3033 Primary Registration District No. 3033 Registrar's No. 24330

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

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution: 217 GARFIELD AVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 18 MONTHS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE

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

(d) Street No. 217 GARFIELD (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Isac Jess McBRIDE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ESTELLA GOURLEY

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased FEB (Month) 11 (Day) 1870 (Year)

8. AGE: Years 75 Months 3 Days 16 If less than one day hr. min.

9. Birthplace WRIGHT CO. (City, town, or county) MO (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business

FATHER
12. Name WM McBRIDE
13. Birthplace WRIGHT CO (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name LOUISA MASSEY
15. Birthplace WRIGHT CO (City, town, or county) MO (State or foreign country)

16. (a) Informant Mrs J. McBride
(b) Address LEBANON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-1-45 (Month) (Day) (Year)
(c) Place: burial or cremation McBRIDE CEM.

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) 6-30-45 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27 year 1945 hour 1 minute P M.

21. I hereby certify that I attended the deceased from 5/27, 1945, to 5/27, 1945 that I last saw him alive on 5/27, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: uremia coma	24 hrs
Due to: prostatic hypertrophy	6 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

1370

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 James L. Hope, (M. D. or other)

Address Lebanon, Mo. Date signed 6/4/45

1070 (Licensed Embalmer's Statement on Reverse Side)

Received .....
Laclede County Health Unit
File No. 6-45-81
Date Filed JUL 12 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 D. D. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.