

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
FILED OCT 12 1945 STANDARD CERTIFICATE OF DEATH

State File No. 30358

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 107

1. PLACE OF DEATH:
(a) County CLAY
(b) City or town Liberty Mo
(c) Name of hospital or institution: 2007 Hospital
(d) Length of stay: In hospital or institution 9 mo
In this community 9 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Frederick 11
(c) City or town Marlin
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Rubin McBride

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

4. Sex m. d 5. Color or race w. 6. (a) Single, widowed, married, divorced Bachelor

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

7. Birth date of deceased Nov 2 1878

8. AGE: Years 66 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Marlin Mo

10. Usual occupation laborer

11. Industry or business

12. Name Abraham McBride

13. Birthplace ink Maryland

14. Maiden name Milledale Goodman

15. Birthplace ink Maryland

16. (a) Informant J. E. Thammie (b) Address Liberty Mo

17. (a) Burial (b) Date thereof 10/1/45

18. (c) Signature of funeral director J. E. Thammie

19. (a) Date received local registrar Oct 1, 1945 (b) Registrar's signature Minnie Haynes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1944 to Sept 29 1945 that I last saw him alive on Sept 29 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 2 hrs
Due to: General Atherosclerosis 10 yrs

Other conditions: (Include pregnancy, within 3 months of death)

Major findings: Of operations: g. 30 Of autopsy

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?

23. Signature: R. M. Maltby (M. D. or other) M.D. Address: Liberty Mo Date signed: 9-30-45

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

MOTHER, FATHER

District Health Officer No. 8.

10-5-19-48

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.....

working under my personal supervision. *Self*..... Registered Apprentice No.....

Signed *Victor E. Imminger*.....

Licensed Embalmer No. *2896*.....

P. O. Address *Liberty 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.