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M-5-43  
7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13246

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1720

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital No. 10  
(d) Length of stay: In hospital or institution 1 mo.  
In this community 8 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City  
(d) Street No. 7201 Penn  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William McBride  
3. (b) If veteran, name war no  
3. (c) Social Security No. 494-12-8033  
4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Della Mc Bride  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Jan. 12, 1866

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 10  
year 1946 hour 12 minute 50 A. M.  
21. I hereby certify that I attended the deceased from March 11, 1946 to April 10, 1946  
that I last saw him alive on April 10, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
80 2 28 hr. min.

Immediate cause of death  
Chronic pyelonephritis  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) 133a

9. Birthplace Missouri  
10. Usual occupation Watchman  
11. Industry or business Flint Casket Co.  
12. Name William Mc Bride  
13. Birthplace Don't Know  
14. Maiden name Sarah F. Finney  
15. Birthplace Don't Know

Major findings: Of operations  
Of autopsy None  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Della Mc Bride  
(b) Address 7201 Penn. Kansas City, Mo.  
17. (a) Cremation (b) Date thereof 4-11-46  
(c) Place: burial or cremation Elmwood  
18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Missouri  
19. (a) 4-11-46 (b) Geraldine Holmes

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)  
23. Signature Wm W. Hart (M. D. or other)  
Address Med. Dir. Gen'l Hosp. Date signed 4-10-46

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

*Dr. C. J. ...*

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**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.**