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ev. 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

State File No. 23981  
Registrar's No. 185

Registration District No. 157

Primary Registration District No. 3028

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
223 Elm St. 1  
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 223 Elm St. 3  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME PEARL McBRIDE

3. (b) If veteran, name war. none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
year 1946 hour 6:05 minute P. M.

4. Sex female 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 16 years 1879

7. Birth date of deceased December (Month) 16 (Day) 1879 (Year)

21. I hereby certify that I attended the deceased from July 25, 1946 to July 25, 1946  
that I last saw her alive on July 25, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66 7 9 -- hr. -- min.

Immediate cause of death Coronary Occlusion & Pulmonary edema acute

Due to.....

Due to.....

Other conditions none  
(Include pregnancy within 3 months of death)

Duration 4 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Wiplawn Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Major findings: none

Of operations.....

Of autopsy no

MOTHER FATHER

11. Industry or business.....

12. Name William Chambers

13. Birthplace unknown unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Dowell

15. Birthplace unknown unknown 9  
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Mrs. J. M. Owen

(b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof July 28, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

23. Signature George H. Wood (M. D. or P.)  
Address Carthage Mo Date signed 26 July 1946

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 7-26-46 (b) L.B. Clinton M.D.  
(Date received local registrar) (Registrar's signature)

139 (Licensed Embalmer's Statement on Reverse Side)

46-7-628

APR 23 1962

**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.....

*Emm. R. Snell*

Licensed Embalmer No. 39

P. O. Address *Christy*

**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.**