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 4-8-13  
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DEPARTMENT OF COMMERCE . . . THE STATE BOARD OF HEALTH OF MISSOURI  
 BUREAU OF THE CENSUS  
**STANDARD CERTIFICATE OF DEATH**

State File No. **29804**  
 Registrar's No. **133**

**FILED SEP 18 1946**  
 Registration District No. **59**

Primary Registration District No. **4095**

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

1. PLACE OF DEATH:  
 (a) County **Cass.**  
 (b) City or town **Drexel.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Not in hospital. At home.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **Does not apply.**  
(Specify whether)  
 In this community **28 years.**  
years, months or days

3. (a) PRINT FULL NAME **LAURA E. McBRIDE.**  
 3. (b) If veteran, name war **none.**  
 3. (c) Social Security No. **None**

4. Sex **Female.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced, **widowed.**  
 6. (b) Name of husband or wife **Jas. L. McBride.** 6. (c) Age of husband or wife if alive **dead** years  
 7. Birth date of deceased **December, 22, 1872.**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>8</b>	<b>16</b>	hr. _____ min.

9. Birthplace **Clay County, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At home.**

11. Industry or business **Household duties.**

12. Name **W. L. Thompson,**

13. Birthplace **Virginia.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah F. Bell,**

15. Birthplace **Missouri.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Fon Williams,**

(b) Address **Liberty, Missouri.**

17. (a) **Burial** (b) Date thereof **9/11/46.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Missouri.**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Drexel, Missouri.**

19. (a) **9/9/1946.** (b) **Laura E. Jones**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri.** (b) County **Cass.**  
 (c) City or town **Drexel.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **No street numbers.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country **Does not apply.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8th**  
 year **1946** hour **11:40** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **Sept 4** 19**46** to **September, 8 1946;**  
 that I last saw her alive on **September, 8th** 19**46;**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **Hypertension**  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 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? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature **Base or Astwell** (M. D. or P.H.D.)  
 Address **Drexel, Missouri.** Date signed **9/9**

Duration **4**  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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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 personally

~~working under my personal supervision,~~ Registered Apprentice No. \_\_\_\_\_

Signed [Signature]

Licensed Embalmer No. 1950

P. O. Address Drexel 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.