

Primary Registration District No. 4049

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

**1. PLACE OF DEATH:**

(a) County Boone

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Entire Life years, months or days

**3. (a) PRINT FULL NAME** Mary Lizzie Mc Bride

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. L

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife J. Riley Mc Bride

6. (c) Age of husband or wife if alive 82 years

Birth date of deceased Feb-17-1867  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>80</u>	<u>1</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Boone Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Benjamin H. Evers

13. Birthplace Boone Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Malvina Roberts

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

16. (a) Informant J. Riley Mc Bride

(b) Address Centralia, Missouri

17. (a) Burial (Burial, cremation or removal)

(b) Date thereof 4-13-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo. Cemetery

18. (a) Signature of funeral director Bellw Funeral Service

(b) Address Centralia, Missouri

19. (a) 4/14/47 (Date received local registrar)

(b) Maud Mc Bride (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boone 10

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

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Apr day 11  
year 1947 hour 3:30 minute 7 M.

21. I hereby certify that I attended the deceased from April-4-  
1947 to 1947

that I last saw h. ce alive on April-11  
and that death occurred on the date and hour stated above.

Immediate cause of death Endo Carditis  
and Influenza

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**

Major findings:  
Of operations NO

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(g) Means of injury 0

23. Signature H. G. White MD (M. D. or other) 0

Address Centralia Date signed \_\_\_\_\_

Date Filed 4-21-47  
District File Number \_\_\_\_\_  
District \_\_\_\_\_

**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 Paul G. Ballew

Licensed Embalmer No. 4206

P. O. Address. Centralia, 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.**