FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 1 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37152

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1388

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 3½ Months (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 1
(d) Street No. 3024 S. 19th Street (If rural, give location) 7
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ada Belle McBride
3. (b) If veteran, name war None
3. (c) Social Security No. 491-09-4398
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Charles A. McBride
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased April (Month) 15 (Day) 1881 (Year)

8. AGE: Years 66 Months 7 Days 3 If less than one day ... hr. ... min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Retired Factory worker
11. Industry or business Sun Mfg. Co.
FATHER
12. Name Walter S. Gordon
13. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Annette Mc Clelland
15. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Charles W. McBride
(b) Address 3024 S.19th St.,St.Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.20,1947 (Month) (Day) (Year)
(c) Place: burial or cremation Ebenezer Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St.,St. Joseph, Mo.
19. (a) 11-26-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 2 0 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th year 1947 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 21, 1947 to Nov. 18, 1947 that I last saw her alive on Nov. 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of recto-sigmoid — Duration ?
Myocardial insufficiency
Due to auricular fibrillation
Due to
Other conditions (Include pregnancy within 3 months of death) 46 D

Major findings:
Of operations as above
Abdomino-perineal resection
Of autopsy 1st stage 7-31-47
2nd stage 11-19-47

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature S. E. Serrano MD (M.D. or other)
Address St. Joseph Mo. Date signed 11-19-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Elbert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.