S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11174

State File No.

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Slater mo
(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
In this community 7 months & 22 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline 97

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Sharron Elizabeth McBride

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 3

5. Color or race Colored

6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ Single 0

6. (b) Name of ~~husband~~ or wife ~~Helen~~

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased July (Month) 13 (Day) 1947 (Year)

8. AGE: Years | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Slater (City, town, or county) mo (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Otis McBride
13. Birthplace Kansas City (City, town, or county) mo (State or foreign country) 0

MOTHER
14. Maiden name Helen Dobbins
15. Birthplace Slater (City, town, or county) mo (State or foreign country) 0

16. (a) Informant Helen McBride
(b) Address Slater mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Slater Colored Cemetery

18. (a) Signature of funeral director Jones & Selzer
(b) Address Slater mo

19. (a) March 10, 1948 (Date received local registrar) (b) Mrs. Earl C. Metz (Registrar's signature) 7/17

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 5 year 1948 hour 3 minute a.m. M.

21. I hereby certify that I attended the deceased from Did not attend Case, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death From talk with mother and Grand Father This

Due to Child had Pneumonia Branches

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

Of autopsy Refused

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature M. C. Duggins M.D. (M.D. or other)

Address Slater MO Date signed 3/17/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....
Date Filed 3-18-48

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.....

Licensed Embalmer No. 3143

P. O. Address Slate Mi

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.