

National Office of Vital Statistics

FILED JUL 31 1948

Registration District No. **38**Primary Registration District No. **3006**Registrar's No. **207**

1. PLACE OF DEATH:

(a) County: **Boone**
 (b) City or town: **Columbia**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
108 S. 9th St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether)
Lifetime
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME **AL ZADA 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: **John W. McBride** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased: **4 - 27 - 1862**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 24 hr. min.

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

10. Usual occupation: **At Home**

11. Industry or business:

12. Name: **Hamilton Smith**13. Birthplace: **Unknown**
 (City, town, or county) (State or foreign country)14. Maiden name: **Hannah Sweezer**15. Birthplace: **Unknown**
 (City, town, or county) (State or foreign country)16. (a) Informant: **Mrs. Bessie Morris**(b) Address: **108 S. 9th St., Columbia, Mo.**17. (a) **Burial** (b) Date thereof: **7-21-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: **Centralia, Mo.**18. (a) Signature of funeral director: **Parker Funeral Service**(b) Address: **Columbia, Mo.**19. (a) **July 22, 1948** (b) **Mrs. R.E. Palmer**
 (Date received final registrar) (Registrar's signature)

(Date received final registrar) (Registrar's signature)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Boone**
 (c) City or town: **Columbia**
 (If outside city or town limits, write "RURAL")
 (d) Street No.: **108 S. 9th St.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**
 year **1948** hour **10** minute **55 P.** M.

21. I hereby certify that I attended the deceased from **April**, 1947, to **July 21**, 1948, that I last saw him alive on **July 21**, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral thrombosis**Due to: **arterio-sclerosis**Due to: **Emphysema**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: **g3 B**

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? (Specify type of place)

While at work? (e) Means of injury.....

23. Signature: **Charles A. Beecher** (M. D. or other) **M.D.**Address: **Columbia, Mo.** Date signed **7-22-48**

MOTHER FATHER

Duration

1 day

years

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 30 1948

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 *M. V. Whitehead*
Licensed Embalmer No. *3893*
P. O. Address *Columbus*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.