

10-300
5-17-39
1 3908

Registration District No. _____

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
914 So. Ellis Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 84 years _____ (Specify whether
years, months or days)

3: (a) PRINT FULL NAME Amanda A. McBride

3: (b) If veteran, name war _____ 3: (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. C. McBride 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 30th 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>0</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name Don't Know G
13. Birthplace Don't Know I
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know W
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. McBride

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 10-22-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. H. Homan

(b) Address Cape Girardeau, Missouri

19. (a) 10-21-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 914 So. Ellis Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th
year 1948 hour 7 minute 30A. M.

21. I hereby certify that I attended the deceased from Sept. 30, 1948
to Oct. 20, 1948
that I last saw her alive on Oct. 19
and that death occurred on the date and hour stated above

Immediate cause of death Coronary Occlusion Duration _____

Due to Atherosclerosis

Due to _____

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

Major findings: Of operations A. H.

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M.D. or other) _____

Address 709 Broadway Date signed 10/20/48

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

RECEIVED

District Health Officer No. 4
District File Number 1048-131
Date Filed 10-25-48

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 Howard R. Hamer

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.