

FILED NOV 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32253

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
 (b) City or town JACKSON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
SPRADLING NURSING HOME
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 YRS.
44 YEARS 4 (Specify whether
 In this community years, months or days)

3. (a) PRINT
FULL NAMEMYRA A. McBRIDE3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex FEMALE 5. Color or
race WHITE 6. (a) Single, widowed, married,
2 divorced WIDOWED
6. (b) Name of husband or wife JOHN. 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased OCT - 12 - 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 17 hr. min.

9. Birthplace BLOOMFIELD Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business HOME

12. Name GARY P. HOLLIS

13. Birthplace BLOOMFIELD Mo
 (City, town, or county) (State or foreign country)

14. Maiden name ADELIA A. HAYDEN

15. Birthplace BLOOMFIELD, Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS RUTH VOIL

(b) Address CAPE GIRARDEAU Mo

17. (a) BURIAL (b) Date thereof 10-31-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRMOUNT CEM

18. (a) Signature of funeral director Walther Funeral Home

(b) Address Cape Girardeau Mo

19. (a) 11-6-48 (b) D. S. Sibus
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CAPE GIR.
 (c) City or town CAPE GIRARDEAU
 (If outside city or town limits, write "RURAL")
 (d) Street No. 423 NORTH 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 OCT day 29th
 year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from
Sept 15 1948 Oct 29 1948
 that I last saw him alive on Oct 28 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro Vasculosis Duration 3 yrs

Due to

Due to

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

Major findings:
 Of operations 97

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?

While at work? (Specify type of place) Means of injury 0

23. Signature D. S. Sibus M. D. (Seal)
 Address Jackson Mo Date signed 11-2-48

RECEIVED

District Health Officer No. 4
District File Number 1148-1371
Date Filed 11-8-48

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 Virgil H. Welch
Licensed Embalmer No. 4102
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.