

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31275  
Registrar's No. 46

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 272 **PRIMARY REG. DIST. NO.** 5912

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pemscot</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemscot</u>	
b. CITY OR TOWN <u>Stude</u> c. LENGTH OF STAY (in this place) <u>month</u>		c. CITY OR TOWN <u>Stude</u> <u>Virginia Poplar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Virginia Poplar</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>BEN</u> a. (First) <u>McBRIDE</u> b. (Middle) c. (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>SEPT. 13-1949</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>11-18-1884</u>
<b>9. AGE</b> (In years last birthday) <u>64</u> <b>IF UNDER 1 YEAR</b> Months <u>9</u> Days <u>25</u> <b>IF UNDER 24 HRS.</b> Hours <u></u> Min. <u></u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Hardin Co. Tenn.</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Tobacco</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Frank Mc Bride</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Fannie Young</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> _____	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mr Bell Mc Bride</u>		<b>ADDRESS</b> <u>Stude mo #3</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Run over by Automobile</u>  <b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Virginia Pemscot, Mo.</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Sept. 13 1949 7:30 P.M.</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Run over by Automobile</u>	
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>James A. Osburn</u> (Degree or title) <u>Coroner</u>		<b>23b. ADDRESS</b> <u>Caruthersville, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>9-13-49</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>9-16-49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt Zion</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Stude MO</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>9-19-49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>S. A. Osburn</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>German Funeral Home</u> <b>ADDRESS</b> <u>Stude mo</u>	

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

9-49-255

SEP 19 REC'D

---

---

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.