S. No. 300
M—10-47
. 5-17-39
1 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 27 1948
Registration District No. 3383

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6196

State File No. 39130

Registrar's No. 22

1. PLACE OF DEATH:
(a) County Texas Co.
(b) City or town Maple, Ms. (Sherrel Twp) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 64
(c) City or town Farmington, Mo. 4 (If outside city or town limits, write "RURAL")
(d) Street No. Hospital No. 4 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. Elbert C. Mc Bride.
3. (b) If veteran, name war
3. (c) Social Security No. 490-14-2019.

4. Sex Male 0
5. Color or race White Caus.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Mrs Corine Mc Bride.
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March (Month) 18 (Day) 1881 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1948 hour 5 minute 30 P M.
21. I hereby certify that I attended the deceased from Aug 29 to Sept 8, 19 48;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
67	5	20.	hr. min.

	Duration
Immediate cause of death Coronary occlusion	1 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

9. Birthplace Houston, Mo. (City, town, or county) (State or foreign country) U
10. Usual occupation Attendant at Hospital No 4- Farmington Mo.
11. Industry or business Hospital for feeble minded.
MOTHER FATHER
12. Name Mr. John Mc Bride ?
13. Birthplace Texas Co. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Corine Mc Bride (Wife)
(b) Address Hospital No 4- Farmington, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn-Leadington, Mo
18. (a) Signature of funeral director Alvin W. Hood.
(b) Address 303 Grand St. Flat River, Mo.
19. (a) 9/13/48 (Date received by local registrar) (b) Elnora Hedge (Registrar's signature)

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 W. D. Lee M.D. (M. D. or other)
Address Date signed 9/8/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-22-48
District Health Officer No. 5,
District File Number 94861.2
Date Filed 9-22-48

SEP 28 1948

SEP 27 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 Eunice E Ferguson

Licensed Embalmer No. 3945

P. O. Address Lucking 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.