

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43165

State File No. _____

Registration District No. 928

Primary Registration District No. Lakenan 6040 Registrar's No. _____

1. PLACE OF DEATH:

(a) County ~~Boone~~ Shelby
(b) City or town Lakenan Jackson, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 Shelby
(c) City or town Lakenan
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Scott McIntosh

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Alice C. McIntosh 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 19 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired mail carrier

11. Industry or business _____

MOTHER FATHER { 12. Name James M. McIntosh

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

14. Maiden name Mary M. Willock (City, town, or county) (State or foreign country)

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

16. (a) Informant Chester W. McIntosh

(b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof 12-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or Shelbina I.O.O.F.

18. (a) Signature of funeral director Missie B. Barkley

(b) Address Shelbina, Mo.

19. (a) Dec 27 1941 (b) Mrs. Luell Landrum
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Dec day 19
year 1941 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1941 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to Secondary Arterio Sclerosis

Due to _____

Other conditions: 83a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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 E. P. Thompson (M.D. or other) Coroner

Address Shelbina, Mo. Date signed _____

MAR 2 1942

RECEIVED

District Health Officer No. 10

District File Number 1-42-30

Date Filed 9 1942

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 Marion E. Miller

Licensed Embalmer No. 590-7

P. O. Address. Shelburne, Vt.

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.

2B
21-41
29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 825

Primary Registration District No. Lakeman

Registrar's No. 15

1. PLACE OF DEATH:

(a) County: Shelby

(b) City or town: Lakeman
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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: Mo (b) County: Shelby

(c) City or town: Lakeman
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Charles Scott McIntosh

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____, year 1941, hour 1:30 minute a. M.

21. I hereby certify that I attended the deceased from _____, 19____; that I first saw him _____, 19____; and that death occurred on the date and hour stated above.

(Immediate cause of death)

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 19 1859
(Month) (Day) (Year)

8. AGE: Years 82, Months 7, Days _____, if less than one day _____ min.

Duration _____

Immediate cause of death: Cerebral hemorrhage

Due to: Secondary arterio-sclerosis

Due to _____

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

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

10. Usual occupation: Street Mail Carrier

11. Industry or business _____

12. Name: James M. McIntosh

13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Mary M. Willcock

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Chester M. McIntosh

(b) Address: Shelbyville, Mo

17. (a) Burial (b) Date thereof: Dec 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Shelbyville, Mo

18. (a) Signature of funeral director: William Barber

(b) Address: Shelbyville, Mo

19. (a) Dec 27, 1941 (b) Madgett Anderson
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

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: E. P. Thompson (City or other) Coroner

Address: Shelbyville, Mo Date signed: 12-19-41

Mailed Jan 2 42

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

MOTHER FATHER

SUPPLEMENTARY

S-43165

MAR 2 1942