

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV DEC 7 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38345
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 299
 (b) Township Knox Primary Registration District No. 1002
 (c) City Manassas City (d) Street No. 4115 Monroe St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 953

2. PRINT FULL NAME David Reed Mackintosh
 (a) Residence, No. 4115 Monroe St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Mackintosh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>3</u>	<u>15</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Printer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada 2

FATHER

13. NAME David Mackintosh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4

MOTHER

15. MAIDEN NAME Ann Ross
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4

17. INFORMANT (ADDRESS) Wm Mary Mackintosh
4115 Monroe

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm CR Foster
918 Brooklyn Blvd

20. FILED Nov. 26, 1938 M. M. Brown
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1938 to 24 Nov, 1938
 I last saw h. alive on 10th. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Uligia Pectoris
arteriosclerosis
 Other contributory causes of importance:
hypertension

Name of operation None Date of None
 What test confirmed diagnosis? usual Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No Injury
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Printer
 (Signed) W. P. Jones, M. D.
 (Address) 309 E 18th

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.....

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, above space should be left blank.