REC'D JAN 14 1939

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

43144
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) City SPRINGFIELD
Registration District No. 316
Primary Registration District No. 2001
Registered No. 1017
(d) Street No. BURGE HOSP 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.
259

2. PRINT FULL NAME PATRICIA McINTIRE
(a) Residence, No. BIRCH TREE Mo St. Birch Tree Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 2 ND. 1934
7. AGE ✓ YEARS 4 MONTHS 7 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc.
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) BIRCH TREE Mo

FATHER
13. NAME SAM McINTIRE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME IRENE COOK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BIRCH TREE Mo

17. INFORMANT (ADDRESS) MRS SAM McINTIRE BIRCH TREE Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE BIRCH TREE Mo DATE Jan 1, 1939
19. FUNERAL DIRECTOR (NAME) HERMAN HOHNEKER (ADDRESS) SPRINGFIELD Mo
20. FILED Dec 29, 1938 Chas A George MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 29TH 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1938, to 12-29-38, 19.... I last saw h. ..ed alive on 12-29-38, 19.... Death is said to have occurred on the date stated above, at 11:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene Pelvis	
probably Hemolytic strep to coccus	

Other contributory causes of importance: 2, 6

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Arthur Brasch, M. D.
(Address) Springfield Mo
29

(Licensed Embalmer's Statement on Reverse Side)

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.

39
36

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. Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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, above space should be left blank.