

1939 AUG 11 1939

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

25875
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson Registration District No. 408
(b) Township Madison Primary Registration District No. 3020A Registered No. 143
(c) City or Coatway (d) Street No. McCune Brooks Hospital 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.

2. PRINT FULL NAME NANCY COBB MCINTIRE
(a) Residence, No. Mushy or Okla St. Mushy or Okla
(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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Percy Mc Intire
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1905

7. AGE YEARS MONTHS DWS If LESS than 1 day,hrs. ormin.
34 5 -

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Mushy or Okla

FATHER 13. NAME Mark Cobb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Percy Mc Intire
939 S. 35th St. Mushy or Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Mushy or Okla DATE July 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Race Mortuary
Coatway Mo.

20. FILED July 24, 1939 E. J. McIntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw her alive on July 23, 1939. Death is said to have occurred on the date stated above, at 4:35 p.m. 7/23/39.
The principal cause of death and related causes of importance were as follows:
Automobile accident - frontal fracture of skull
scalp wound on left side of head
without back of head

Date of onset 7/23/39

Other contributory causes of importance:
Time - left front-blamed
and car left highway
and turned over

Name of operation none 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? Accident Date of injury 7/23/1939
Where did injury occur? Lawrence County, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
On Highway # 66

Manner of injury Car turned over
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. P. Winchester M. D.
(Address) Jefferson, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 839-1588

Date Filed AUG 9 1939

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..... *Emmal R. Knell*

Licensed Embalmer No. 391

P. O. Address..... *Carthage*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.