

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 334

Primary Registration District No. 4197

Registrar's No. 18

1. PLACE OF DEATH

(a) County Harrison
(b) City or town Bethany
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 253
In this community _____

3. (a) PRINT FULL NAME CARL A. MCINTIRE
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Flossie McIntire 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased August 20 1893
(Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Minister

11. Industry or business _____

12. Name Harvey M. McIntire

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

14. Maiden name Addie Sheehart

15. Birthplace Ocala Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Flossie McIntire

(b) Address Bethany Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 12 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Mo.

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo. 20th

19. (a) 2-12-40 (Date received local registrar) (b) W. E. Wheeler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Bethany
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month Feb day 10 th
year 1940 hour 9 minute 50 P M
21. I hereby certify that I attended the deceased from Dec 5, 1939
_____, 19____, to Feb 10, 1940;
that I last saw him alive on Feb 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus Duration 6 months
Due to _____
Due to _____
Other conditions H/O
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy not done
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 W. E. Wheeler (M. D. or other)
Address Bethany Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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. 991

District File Number 340-264

Date Filed MAR 6 1940

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.....

Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.