

Registration District No. 881

Primary Registration District No. 6171

Registrar's No. 151

## 1. PLACE OF DEATH:

- (a) County WARREN *St. James*  
 (b) City or town PENDLETON  
 (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
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- (Specify whether

In this community \_\_\_\_\_  
years, months or days)3. (a) PRINT FULL NAME CHARLES W. MCINTYRE

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 single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 18, 1876  
(Month) (Day) (Year)8. AGE: Years 63 Months 10 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace near Pendleton MO.  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business Farming 512. Name JAMES MCINTYRE13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)14. Maiden name MARY JANE MARTIN15. Birthplace St. Louis Co. MO.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Charles W. McIntyre(b) Address Pendleton, Mo.17. (a) Burial (b) Date thereof Feb. 11, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation WARRENTON, MO18. (a) Signature of funeral director F. W. Nieburg + Son(b) Address Warrenton, Mo.19. (a) Feb 11, 1940 (b) C. W. Ebeling  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WARREN(c) City or town PENDLETON  
(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.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8  
year 1940 hour 8 minute - A. M.21. I hereby certify that I attended the deceased from FEB 6, 1940, to FEB 8, 1940;  
that I last saw him alive on FEB 8, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death

CORONARY OCCLUSION

Duration

8 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

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 injury23. Signature Charles L. Garcia (M. D. or other) \_\_\_\_\_Address Warrenton, Mo. Date signed 2/11/40

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**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 John F. Neuhurg  
Licensed Embalmer No. 3897  
P. O. Address Warrenton, Ore.

**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.**