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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17482

Registration District No. 133 Primary Registration District No. 5185 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Carroll

(b) ~~City or town~~ Leslie Tp

(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 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17 0 0

(c) City or town ~~[illegible]~~ Norborne

(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.? 0 years.

8. (a) PRINT FULL NAME Aaron Webster McIntosh

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Tryzell

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sep (Month) 22 (Day) 1863 (Year)

8. AGE: Years 77 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

10. Usual occupation Ret Farmer

11. Industry or business

FATHER
12. Name Tom McIntosh
13. Birthplace Dont Know (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Sullivan
15. Birthplace Dont Know (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs A W McIntosh

(b) Address Norborne Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof May 27-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Norborne Tan Hardy

18. (a) Signature of funeral director E O Dickerson

(b) Address Bogard Mo

19. (a) 5-27-1941 (Date received local registrar) (b) Jack Henderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1941 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1941, to May 27, 1941; that I last saw him alive on May 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic fever — Duration Months

Due to prostatic disease 5 yrs

Due to Infirmities of old age

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1 86
Of autopsy 3 0

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? (Specify type of place)

While at work? 128 (e) Means of injury

23. Signature R Hamilton Stalon M. D. or other

Address Carrollton Mo. Date signed May 29 41.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-12-41
Date Filed

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 E. R. Dickerson

Licensed Embalmer No. 3425

P. O. Address: Bayard 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.