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X23159

35257

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED NOV 14 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 411 Primary Registration District No. 2002

149  
52

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

1. PLACE OF DEATH:  
(a) County Jay  
(b) City or town Joplin, Mo.  
(c) Name of hospital or institution St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
In this community 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED: <sup>999</sup>  
(a) State Kansas (b) County Cherokee  
(c) City or town Bayes Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 313 E. 16th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME Thomas Oliver McIntire

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 20  
year 1941 hour 7 minute 55 a.m.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Oct 6, 1941, to Oct 19, 1941.  
that I last saw him alive on Oct 19, 1941.  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced \_\_\_\_\_

Immediate cause of death: Chronic Myocarditis  
Heart Failure  
Due to Pneumonia & Pleural effusion

6. (b) Name of husband or wife Emma McIntire 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Dec 16 1870  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Acute Prostatitis  
(Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: Of operations 930  
Of autopsy \_\_\_\_\_

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

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Yes  
(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? \_\_\_\_\_

10. Usual occupation Truck Man

11. Industry or business \_\_\_\_\_

12. Name James McIntire

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

14. Maiden name Elmira McIntire

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl McIntire

(b) Address Baxter Spgs, Kan

17. (a) Renewal (b) Date thereof 10-20-41  
(Month) (Day) (Year)

(c) Place: burial or cremation Baxter Spgs, Kan

18. (a) Signature of funeral director Hoskins Funeral  
(b) Address Baxter Spgs, Kan

19. (a) 10-20-41 (b) Ed J. Johnson  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature Undeekel Deeg (M. D. or other) \_\_\_\_\_  
Address 607 Frisco Bldg Date signed 10/20/41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**