

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10912

State File No. ....

Registrar's No. 18

Registration District No. 373

Primary Registration District No. 4219

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
400

1. PLACE OF DEATH:  
 (a) County Holt  
 (b) City or town Oregon  
 (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 4 years /  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Holt 044  
 (c) City or town Oregon 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ara Orlando McIntyre  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 26  
 year 1942 hour 5:05 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color of race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 6 1860  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 26  
 19 42 to \_\_\_\_\_ 19 \_\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on Dead when seen \_\_\_\_\_ 19 42  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
 Duration Don't know

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>20</u>	_____ hr. _____ min.

Due to Coronary disease

9. Birthplace Near Oregon, Mo. 7  
 (City, town, or county) (State or foreign country)

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

10. Usual occupation Retired Farmer

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 93d

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

Major findings: Of operations \_\_\_\_\_

MOTHER FATHER { 12. Name George McIntyre  
 13. Birthplace Indiana 1  
 (City, town, or county) (State or foreign country)

Of autopsy No  
 Underline the cause to which death should be charged statistically.

{ 14. Maiden name Polly Milliman  
 15. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. John Milne  
 (b) Address Oregon Mo.

(a) Accident, suicide, or homicide (specify) Sudden death  
 (b) Date of occurrence 3/26/42

17. (a) Burial (b) Date thereof March, 28, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Maple Grove

(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?

18. (a) Signature of funeral director James H. Pettigrew  
 (b) Address Oregon Mo.  
 19. (a) 3-27-42 (b) Pauline Lawren  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
 23. Signature Proschaudler (M. D. or other) M.D.  
 Address Oregon, Mo. Date signed 3-27-42

**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.....

*James H. Pittjahn*

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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, fact should be so stated above.**