

FILED DEC 12 1942

Registration District No. 17

Primary Registration District No. 4015

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Westboro
(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 55 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Westboro
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Thomas McIntosh

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth McIntosh 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov-14th 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business
12. Name John McIntosh
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Gamble
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas McEnaney
(b) Address Westboro, Missouri

17. (a) Burial (b) Date thereof 11-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westboro Missouri

18. (a) Signature of funeral director Brett Turner
(b) Address Westboro, Missouri

19. (a) 11/14/42 (b) Tras Oamel Math
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th
year 1942 hour 2 30 minute P M M.

21. I hereby certify that I attended the deceased from Oct 26 1942 to Nov 4 1942
that I last saw him alive on Nov 4th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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? _____

White at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Thos F. Fay (M.D. or other) _____
Address Westboro Mo Date signed 11-12

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.....

Scott Tucker

....., Registered Apprentice No.....

working under my personal supervision.

Scott Tucker

Signed.....

Licensed Embalmer No.....2824

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.