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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5690

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 5

1. PLACE OF DEATH:

(a) County: AUDRAIN

(b) City or town: VANDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 116 E State 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: AUDRAIN 4

(c) City or town: VANDALIA 2
(If outside city or town limits, write "RURAL")

(d) Street No. 116 E. STATE 1
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: WILLIAM HARRISON McINTIRE

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: 2 WIDOWED

6. (b) Name of husband or wife: MARY ELIZABETH RIDINGS

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: OCTOBER (Month) 23 (Day) 1876 (Year)

8. AGE: Years 66 Months 4 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace: ELDORADO (City, town, or county) 1 KANSAS (State or foreign country)

10. Usual occupation: POSTMASTER

11. Industry or business: VANDALIA POST OFFICE

MOTHER FATHER

12. Name: EDWIN C. McINTIRE

13. Birthplace: 1 INDIANA (City, town, or county) (State or foreign country)

14. Maiden name: ELIZABETH DODSON

15. Birthplace: 1 INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant: H. G. McIntire

(b) Address: Alton, Ill.

17. (a) Burial (Burial, cremation, ~~or removal~~) (b) Date thereof: March 7 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Vandalia Cemetery

18. (a) Signature of funeral director: W. S. Waters

(b) Address: Vandalia, Mo.

19. (a) March 4 1943 (Date received local registrar) (b) Maurice Fugate (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4 year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3/4, 1943, to 3/4, 1943 that I last saw him alive on 3/4, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	20 mins.
Due to: Myocardial Degeneration	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none
Of autopsy: none

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? (e) Means of injury

23. Signature: Thos. L. Dwyer, D.V.M. (M. D. or other)

Address: Vandalia, Mo. Date signed 3/4/43

101 3 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-43-457
Date Filed MAR 10 1943

MAR 17 1943

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 W. S. Waters

Licensed Embalmer No. 4298

P. O. Address Vandalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.