. S. No. 2
0M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5866

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 185

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 21 days (Specify whether In this community 44 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")

(d) Street No. 814 Alabama Street, (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William O. McIntyre,

3. (b) If veteran, name war None,

3. (c) Social Security No. 487-09-1044

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katherine McIntyre,

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased December 7th. 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	2	8	hr. min.

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

10. Usual occupation Department Superintendent

11. Industry or business Armour & Company,

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

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. O. McIntyre,

(b) Address 814 Alabama Street, St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F Cemetery,

18. (a) Signature of funeral director Neaton Belgade & Bowman Funeral Home

(b) Address 319 So. 10th. Street.

19. (a) 2-17-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th. year 1943 hour 12:00 minute 32 a M.

21. I hereby certify that I attended the deceased from Aug 3, 1942, to Feb. 15, 1943 that I last saw him alive on Feb. 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease cardio-renal with hypertension

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 John J. Byrne (M. D. or other) M.D.

Address St Joseph Mo Date signed 2-15-43

1233

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

I / 15 / 43 ....., Registered Apprentice No. ✓ .....,

working under my personal supervision.

Signed J. Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.