S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15119

Registration District No. 280 | Primary Registration District No. 4419 | Registrar's No. 10

83
0
0

1. PLACE OF DEATH:

(a) County: Platte

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 50 yrs.

2. USUAL RESIDENCE OF DECEASED: 83

(a) State: Missouri (b) County: Platte 0

(c) City or town: Dearborn Missouri 0
(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: 0

3. (a) PRINT FULL NAME: Jesse McInturf

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

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: No

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

7. Birth date of deceased: Jan (Month) 21st. (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	2	14	hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: William McInturf
13. Birthplace: (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name: Mary Cox Kentucky
15. Birthplace: (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant: Myrtle Curtiss
(b) Address: Dearborn Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/6/1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Dearborn Missouri

18. (a) Signature of funeral director: Lucian Davis
(b) Address: Dearborn Missouri

19. (a) 4/6/1943 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th. year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from April 1, 1943, to April 5, 1943, that I last saw him alive on April 4, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration: 3 months

Due to: Dropsy

Due to:

Other conditions: None 95c
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: No

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): No

(b) Date of occurrence: None

(c) Where did injury occur? None (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? No (e) Means of injury: None

23. Signature: M. D. Moore (M. D. or other) Coroner

Address: Dearborn Mo. Date signed: 4/5/43

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 5-43-50

Date Filed 5-3-43

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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Dearborn 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.