

FILED SEP 25 1944

Registration District No. 126

Primary Registration District No. 2001

Registrar's No. 440

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Carl Dudley McIntire

3. (b) If veteran, name war _____ 3. (c) Social Security No. 509-09-1914

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Blades McIntire 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased April 28 1901
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation mill man

11. Industry or business Lead + zinc mines

MOTHER FATHER { 12. Name J. McIntire
13. Birthplace Mo.
14. Maiden name Emma Leslie
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Carl M. McIntire

(b) Address Baxter Springs Kansas

17. (a) Removal (b) Date thereof 9-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation (Salina) Redne Cemetery

18. (a) Signature of funeral director Hoadens Funeral Home

(b) Address Baxter Springs Kansas

19. (a) 9-14-44 (b) John H. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Baxter Springs 997
(If outside city or town limits, write "RURAL")
(d) Street No. 1919 East ave. 14
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1944 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 4 to 9-8, 1944
that I last saw him alive on 9-8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Aplastic anemia about 6 1/2 hrs
Due to Chronic marfan's injection 7-9 1/2 hrs

Other conditions 7322
(Include pregnancy within 3 months of death)

Major findings: Wasting
Of operations in spring 1944
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. ... (M. D. or other)
Address Joplin Mo Date signed 9-14-44

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

9
52

204

44-9-774

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.....

Hoskins Funeral Home-Registered Apprentice No.....

working under my personal supervision.

Signed *J. Lane Wene*.....

Licensed Embalmer No. *2880*.....

P. O. Address *Baxter Springs, 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.