

Registration District No. 326 Primary Registration District No. 4482 Registrar's No. 42

99
10
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Scottland
(b) City or town Memphis
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Scottland
(c) City or town Memphis (If outside city or town limits, write "RURAL") 99
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oey Edwin McIntosh
3. (b) If veteran, name with _____
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 31 year 1944 hour 9:30 minute 30 A.M.
21. I hereby certify that I attended the deceased from 7:20 1944, to Aug 31 1944, that I last saw him alive on Aug 31 1944 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alpha E. 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Sept 17 1866 (Month) (Day) (Year)

Immediate cause of death Chronic Nephritis and Diabetes Mellitus Complicated with Hypertension Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 77 Months 11 Days 19 If less than one day _____ hr. _____ min.
9. Birthplace Van Buren Co. Ia (City, town, or county) (State or foreign country)
10. Usual occupation Farming

Major findings: Of operations _____
Autopsy 61
Underline the cause to which death should be charged statistically.

MOTHER, FATHER
12. Name Shannon M. McIntosh
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Mary Roseborough (City, town, or county) (State or foreign country)

16. (a) Informant Alpha E. McIntosh
(b) Address Memphis
17. (a) Burial (b) Date thereof Sept 3-4 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis Cemetery
18. (a) Signature of funeral director Leah T. Washell
(b) Address Memphis MO
19. (a) Oct. 2-1944 (Date received local registrar) (b) Bernice Nelson (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (c) Means of injury 2
23. Signature OTM Bajer MD (M. D. or other) _____
Address Memphis MO Date signed 8/31/44

RECEIVED
District Health Officer No. 10
District File Number 10-44173
Date Filed OCT 10 1944

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 Fred G. [Signature]
Licensed Embalmer No. 4256
P. O. Address Memphis

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.