

**FILED DEC 26 1944**

Registration District No. \_\_\_\_\_

Primary Registration District No. **5125**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town Willow Brook *Ceterbury*  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Willow Brook, Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution... 1  
(Specify whether  
 In this community... 50 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan **11**  
 (c) City or town Willow Brook **0**  
(If outside city or town limits, write "RURAL") **0**  
 (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** John T. McIntosh  
 (b) If veteran, name war none (c) Social Security No. none

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Dec. day 16  
 year 1944 hour 3 minute 15 P. M.

4. Sex Male **0** 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Martha W. McIntosh 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased August 16 1944  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 13th 1944 to Dec 16th 1944  
 that I last saw him alive on Dec 13th 1944  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>4</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death Heart Disease  
Aortic Stenosis  
 Due to ✓  
 Due to 920  
 Other conditions (Include pregnancy within 3 months of death) ✓

9. Birthplace Salem, Illinois  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations ✓  
 Of autopsy ✓

10. Usual occupation retired farmer

11. Industry or business farm

**MOTHER FATHER**  
 12. Name Unknown,  
 13. Birthplace Unknown,  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown,  
 15. Birthplace Unknown,  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
Heart Disease  
Aortic Stenosis

16. (a) Informant Mrs. Addie Tolmie  
 (b) Address Willow Brook, Mo.

17. (a) Burial (b) Date thereof 12/18/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta Cemetery,  
W. T. Bejola & Bowman

18. (a) Signature of funeral director W. T. Bejola & Bowman  
 (b) Address 319 So. 10th Street,

19. (a) 12/18/44 (b) Nelson G. Goble  
(Date received local registrar) (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 \_\_\_\_\_  
 (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 W. A. Hull (M. D. or other) \_\_\_\_\_  
 Address Fauncet, Mo. Date signed 12/17/44

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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 Frank A. Conway

Licensed Embalmer No. 1710

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.