

FILED AUG 14 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 210

Primary Registration District No. S771

Registrar's No. 47

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Mercer 65
 (c) City or town Rural near Mercer 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? No 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Byda McIntosh
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 14
 year 1945 hour 9 minute _____ P. M.
 21. I hereby certify that I attended the deceased from July 1 1945 to July 14 1945
 that I last saw him alive on July 13 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John McIntosh 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased July 17, 1882
(Month) (Day) (Year)

Immediate cause of death _____
Cancer of breast 20 yrs
 Due to _____
 Due to _____

8. AGE: Years 63 Months 11 Days 27
 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Mich. /
(City, town, or county) (State or foreign country)
 10. Usual occupation House wife

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
W68

11. Industry or business Own Home
 12. Name Seymour Driskill
 13. Birthplace Iowa /
(City, town, or county) (State or foreign country)
 14. Maiden name Lone Sample
 15. Birthplace Mich. /
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant John McIntosh
 (b) Address Mercer Mo.
 17. (a) Burial (b) Date thereof July 16/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Middle Point
 18. (a) Signature of funeral director C. C. Spence
 (b) Address Spenceley drive
 19. (a) 7-18-45 (b) Loon Martin
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (a) Nature of injury 0
 23. Signature [Signature] (M. D. or other)
 Address [Address] Date signed 7-16-45

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

MOTHER FATHER

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 James L. Grumble
Licensed Embalmer No. 3967
P. O. Address Lenoirville, La

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.