

FILED JAN 11 1946
Registration District No. 316

Primary Registration District No. 3061

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

4
5
2

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Flat River mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Several months
years, months or days)

3. (a) PRINT FULL NAME DANIEL H. MCINTYRE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 512-01-9223

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife McIntyre Nora 6. (c) Age of husband or wife if 17 1/2 years
7. Birth date of deceased Oct 17 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Iron Mountain mo
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry McIntyre
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Wallace
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant John McIntyre
(b) Address Flat River mo

17. (a) Burial (b) Date thereof 12-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barbours Cemetery

18. (a) Signature of funeral director Galdwell
(b) Address Flat River

19. (a) 12-28-45 (b) Esther Ruslog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Flat River mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1945 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death apparently apoplexy from history of high blood pressure from relapsing (natural causes)
Due to Had medical care some time
Due to appear but not immediately after death. Evidence presented to coroner by relatives
Other conditions to coroner by relatives
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy gh

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) Manner of injury _____

23. Signature Carl J. Miller (M.D. or other coroner)
Address Farmington, Mo. Date signed 12/27/45

RECEIVED

District Health Officer No. 4
District File Number 146-1561
Date Filed 1-9-46

FEB 4 1946

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 W. A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River on

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.