

No. 2
-12-45
-5-17-39
I X47070

FILED FEB 14 1947

State File No.

Registration District No. 188

Primary Registration District No. 2000

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. John Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Baxter **999**

(c) City or town Mountain Home
(If outside city or town limits, write "RURAL") **20**

(d) Street No. Unknown
(If rural, give location) **21**

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CYNTHIA FAYE McINTOSH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 12, 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Mountain Home, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Guy McIntosh

13. Birthplace Little Rock, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Joyce Brown

15. Birthplace Unknown, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Guy McIntosh

(b) Address Mountain Home, Arkansas

17. (a) Burial (b) Date thereof 2/8/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norfolk, Arkansas

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-6-47 (b) W. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6,
year 1947 hour 6: minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 17, 1947 to Feb 6, 1947
(that I last saw her alive on Feb 5 1947)
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
2. Gangrene Small intestine
Post-op. Gastrojejunostomy

Duration _____

Due to Atresia Duodeni

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

Major findings: _____
Of operations _____

Of autopsy Atresia Duodeni
Myocardial Infarction

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)

Means of injury 0

23. Signature W. Handley MD (M. D. or other)

Address 570 Woodruff Bldg Date signed Feb 6, 47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *L. A. Paul*.....

Licensed Embalmer No..... *13044*.....

P. O. Address..... *Springfield, 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.