

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8357**
Registrar's No. **64**

FILED APR 1 1947

Registration District No. **77**

Primary Registration District No. **2016**

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
Missouri State Penitentiary Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~XXXXXX~~ 1 day 0
(Specify whether years, months or days)

In this community 1 yr. 2 mo. 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis City
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Larry McIntyre

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 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 April 16 1919
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>10</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation Construction Work

11. Industry or business _____

12. Name Unknown

13. Birthplace *****
(City, town, or county) (State or foreign country)

14. Maiden name *****

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

16. (a) Informant Mo. State Prison Hosp Reds

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof 3/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Resurrection

18. (a) Signature of funeral director Dulle-Thompson

(b) Address Jefferson City, Mo.

19. (a) 2-17-47 (b) R. O. Harris MD
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour 2:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 15, 1947 to _____ 19____;
that I last saw him alive on March 15, 1947 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death 3rd degree burn

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental

(b) Date of occurrence 3-15-47

(c) Where did injury occur? Mo State Prison
(City or town) (County) (State)

(d) Did injury occur in or about home _____ in industrial place, in _____
(Specify type of place)

While at work? Y (c) Means of injury gasoline + matches

23. Signature W. J. M. Kelly (M. D. or other) _____
Address Jefferson City, Mo Date signed 3-15-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

68

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

3/31/47

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.....

Melvin L. Janssens, Registered Apprentice No. *489*,
working under my personal supervision.

Signed.....

Sylvester Gull
Licensed Embalmer No. *4321*

P. O. Address..... *Jefferson City, 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.