S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32099

Registration District No. 280 — Primary Registration District No. 5963 — Registrar's No. 105

1. PLACE OF DEATH:
(a) County PLATTE
(b) City or town BARRY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 MILE WEST OF GASHLAND
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County PLATTE 83
(c) City or town BARRY Mo
(If outside city or town limits, write "RURAL")
(d) Street No. APARTMENT JOINING GROCERY STORE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM NEWTON McINTYRE
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. BETTIE McINTYRE
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased NOV. 14 (Month) — 1862 (Day) (Year)

8. AGE: Years 85 | Months 9 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace XENIA (City, town, or county) OHIO (State or foreign country)
10. Usual occupation GROCER
11. Industry or business SELF
FATHER
12. Name ANDREW McINTYRE
13. Birthplace CEDERVILLE OHIO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARGARET STORMET
15. Birthplace UNKNOWN OHIO (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM
18. (a) Signature of funeral director O.H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 9-2-47 (Date received local registrar) (b) Mrs. Ophia Rollins (Registrar's signature) 57

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 2ND year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1947, 19.. to ~~Aug~~ Sept 2, 1947; that I last saw him alive on Aug 31, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure with Arteriosclerosis and Myocardial degeneration — Duration 72 hrs. years — years

Due to ~~[illegible]~~

Due to ~~[illegible]~~

Other conditions Renal Insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Earl [illegible] (M. D. [redacted]) C
Address Hiway 169 North K.C. Mo Date signed 9/2/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

North [illegible] - [illegible]
, black from blunker light before
coming to Crestview addition
1-5-7-9

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 D. O. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas 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.