

FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44609

Registration District No. 322

Primary Registration District No. 4482

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Scotland
(b) City or town Memphis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 57 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland
(c) City or town Memphis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alpha Emily 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 widow

6. (b) Name of husband or wife Oey Mc Intosh 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Jan 22 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Forbes

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

14. Maiden name Alpha E. Creger

15. Birthplace with Co. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Brown

(b) Address Memphis Mo

17. (a) Burial (b) Date thereof Dec 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director Bertha Probert

(b) Address Memphis Mo

19. (a) 1/8/48 (b) E. E. Parrish
(Date received local registrar) (Registrar's signature) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 19 1947 to Dec 9 1947 that I last saw her alive on Dec 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Liver
Due to _____

Due to _____
Other conditions Interstitial Nephritis
(include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 116

22. If death was due to external causes, fill in the following:
(c) 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) Means of injury _____
23. Signature A. M. Keethler (M. D. or other) _____
Address Memphis Mo Date signed 12-10-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

District Officer No. 10
Number 48-48
Date Filed JAN 14 1948

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. 4257,
working under my personal supervision.

Signed Albert C Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.