

Registration District No. 118

Primary Registration District No. 5437

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Near Red Bird Mo., Bourbeuse  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Near Red Bird Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community Life time.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade  
(c) City or town Red Bird  
(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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Lucilla Geneva McIntosh

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex F | 5. Color or race W  
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife N. E. McIntosh  
6. (c) Age of husband or wife if alive Dead

7. Birth date of deceased Aug. 26 1868  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 23  
If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business

MOTHER FATHER {  
12. Name Squire Cahill  
13. Birthplace Franklin county Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Amanda Phelps  
15. Birthplace St. Louis County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ellis McIntosh  
(b) Address Red Bird Mo.

17. (a) Burial (b) Date thereof May 22 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowen Cem. Red Bird Mo.

18. (a) Signature of funeral director Miguel H. H. Winter

(b) Address Owensville Mo.

19. (a) May 29 1948 (b) Dorothy Jackson  
(Data received local registrar) (Registrar's Signature)

20. DATE OF DEATH: Month May day 19  
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-14 1948 to 5-19 1948  
that I last saw her alive on 5-19 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Rt. Hemiplegia  
Due to Cerebral Hemorrhage 2 mos  
On Hypertensive Basis

Duration

Due to

Due to

Other conditions Chronic Cholecystitis 1 yr.  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to 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 (Specify type of place) (d) Means of injury

23. Signature Paul Small (M. D. or State)  
Address Owensville, Mo. Date signed 5-20-48

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

1  
0  
0

39  
0  
0  
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RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed

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.....  
HARVEY KAHKE....., Registered Apprentice No. 9  
working under my personal supervision.

Signed Wesley H. White  
Licensed Embalmer No. 3838  
P. O. Address OWENSVILLE

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.