

DECEASED—NAME First Middle Last JESSIE JUANITA MCINTYRE		State File Number	
1 RACE White; Black; American Indian, etc. (specify) White		2 DATE OF DEATH (month, day, year) 2 August 26, 1984	
3 SEX Female		4 AGE—Last birthday (years) Under 1 year Under 1 day 64	
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		6 DATE OF BIRTH (month, day, year) 6 June 12, 1920	
7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 3516 Montavilla Dr.		7b IF HOSP. OR INST. Indicate DOA, OP/Emer., Am. Inpatient (Specify) 7c —	
8 STATE OF BIRTH (If not in U.S.A. name country) Oklahoma		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 SOCIAL SECURITY NUMBER 547-22-0779		11 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker	
12 RESIDENCE—STATE Oregon		13 COUNTY Klamath	
14a CITY, TOWN, OR LOCATION Klamath Falls		14b STREET AND NUMBER OR R.F.D. NO. 3516 Montavilla Dr.	
15a FATHER—NAME first middle last Lloyd - Conner		15b MOTHER—first middle last (Maiden Name) Flo - Skill	
16a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		16b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
17a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) <i>[Signature]</i>		17b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or	
18a To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated 21a (Signature) <i>[Signature]</i>		18b DATE SIGNED (Mo. Day, Yr.) Aug. 27, 1984	
19a NAME AND ADDRESS OF CERTIFIER (Type or Print) Richard E. Kay, M.D., 1905 Main St., Klamath Falls, Oregon 97601		19b HOUR OF DEATH 8:15 A.	
20a DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) AUG 27 1984		20b REGISTRAR <i>[Signature]</i>	
21 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) ovarian Carcinomatosis			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
22 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
23a ACCIDENT (Specify Yes or No) No		23b DATE OF INJURY (Mo. Day, Yr.) No	
23c HOURS OF INJURY No		23d DESCRIBE HOW INJURY OCCURRED No	
23e INJURY AT WORK (Specify Yes or No) No		23f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No	
23g LOCATION No		23h STREET OR R.F.D. NO. No	
23i CITY OR TOWN No		23j STATE No	
24 RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

by *[Signature]*, Deputy Registrar

Date **AUG 27 1984**
VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 30th day of August A.D., 1984 at 1:31 o'clock p M, and duly recorded in Vol M84 of Deeds on page 15049.

Index: \$1.00
Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by: *[Signature]*, Deputy

Return: Arthur McIntyre 3516 Montavilla Dr., Klamath Falls, Oregon 97603