

RECD SEP 6 1939

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town (Kaw) Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital, K.C.Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Ella Mc Inteer 2533. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Charles Mc Inteer 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 26th, 1874
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	2	19	hr. _____ min.

9. Birthplace No Record Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name Richard Clopton
 13. Birthplace No Record Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Roseta Buckner
 15. Birthplace No Record Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elmer Mc Inteer(b) Address 5509 St. John Avenue, K.C.Mo.17. (a) Burial (b) Date thereof Aug. 10th, 39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park K.C.Mo.18. (a) Signature of funeral director Mrs. C. L. Forster(b) Address 918 Brooklyn Avenue, K.C.Mo.19. (a) 15 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3122 West 42nd, Str., K.C.Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10th, 1939
year 1939 hour 2:40 A.M. minute _____ M.21. I hereby certify that I attended the deceased from 8 1 25
_____ 19____ to 8 14 1939;
that I last saw h alive on 8 13 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Stenosis
re phritisDue to _____
_____ 131Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____
Of autopsy as above from
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? _____ (e) Means of injury _____

23. Signature J. P. Bank (M. D. or other) _____
Address City Date signed _____

Dr. Bourke
Phone 2-3344
H10 Weymouth

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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

Dennis Browning

Licensed Embalmer No. 2724

P. O. Address

918 Brooklyn

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, above space should be left blank: