

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38526

DEC 11 1939 399
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4290

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARYS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-DAY
(Specify whether
In this community 50 YEARS
years, months or days)

3. (a) PRINT FULL NAME MR. LEO F. MCINTYRE

3. (b) If veteran, name war Dr.
3. (c) Social Security No. 495-07-6497

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. ANNA MCINTYRE 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased JANUARY-3-1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>10</u>	<u>5</u>	hr. _____ min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business CENTRAL PAPER BOX CO.

12. Name ALEXANDER MCINTYRE

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

14. Maiden name ALICE KERNAN

15. Birthplace NEW YORK CITY NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs J. J. M. McIntyre

(b) Address 313-EAST-43RD STREET

17. (a) BURIAL (b) Date thereof NOV-11-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director O. H. Newcomer's Lane

(b) Address 1401-13 RUSH CREEK BLYD.

19. (a) 11-10-39 (b) M. McCrewe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 313-EAST-43 RD ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 8TH
year 1939 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from OCT 25, 1939, to NOV 9, 1939.
that I last saw him alive on NOV 9, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary occlusion

Due to Thrombosis 9/4/39

Due to _____

Other conditions Secondary anemia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above

22. If death was due to external causes, fill in the following:
accident, suicide, or homicide (specify) No

(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 [Signature] (M. D. or other)

Address 1003 Murphy Date signed 11/8/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1063
11:30 - 1:45
Bldg

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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, above space should be left blank.