

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.

JAN 13 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

42561

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

4970

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: Wesley Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Unknown
(Specify whether years, months or days)
 In this community Unknown

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. 2519 East 46th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
 year 1939, hour 12:25 minute P. M.
 21. I hereby certify that I attended the deceased from December 23, 1939, to December 31, 1939;
 that I last saw her alive on December 30, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis Duration _____
 Due to Vincent's Angina
 Due to Bad Teeth 1150
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy Encephalitis
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Irene Gladys McIntyre, 253

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George R. McIntyre 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased May 21 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	7	10	hr. min.

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

10. Usual occupation Housewife

11. Industry or business X

12. Name Victor Flowers

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

14. Maiden name Louise Smith

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George R. McIntyre

(b) Address 2519 East 46th St., K. C., Mo.

17. (a) Burial (b) Date thereof 1-3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec. 31, 1939 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury
 While at work? _____
 23. Signature James W. Graham (M. D. or other) _____
 Address 5718 Argyle Bldg Date signed Jan 2-40

NOV 16 1945

NOV 6 1945

Dr. James W. Graham.

copy of Bill
1-3-45

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 E. M. Plaut

Licensed Embalmer No. 1848

P. O. Address.....

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.