

NOV 12 1940  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

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:  
405 So. Belleaire  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 68 Yrs. (Specify whether years, months or days)  
In this community 68 Yrs.

8. (a) PRINT FULL NAME JAMES E McINTIRE

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

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

6. (b) Name of husband or wife Mrs. Mary McIntire  
6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Feb 16 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 7 26 hr. min.

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

10. Usual occupation Retired Carpenter

11. Industry or business

12. Name Daniel Mc McIntire

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

14. Maiden name Habecca Loudon

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

16. (a) Informant Mrs. Gertrude M. Morgan

(b) Address 2902 East 5th

17. (a) Burial (b) Date thereof 10/15/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys' Cemetery

18. (a) Signature of funeral director Zurke & Pabin Co.

(b) Address 20 West Linwood

19. (a) 10-14-40 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Belleaire Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 405 South Belleaire  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day 10-12-40  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 5:00 P.M.

21. I hereby certify that Coroner attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Acute pulmonary edema  
Biateral hydrothorax  
Acute coronary arteriosclerosis  
Paroxysmal sinus  
(Include pregnancy within \_\_\_\_\_ months of death) 948

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes

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 \_\_\_\_\_ or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature Victor M. Pabin (M. D. or other) \_\_\_\_\_

\*Address 4440 Date signed \_\_\_\_\_

**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 Harold Perry  
Licensed Embalmer No. 4097

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.**