No. 2
4-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5845

State File No. 617

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No.

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: Research Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")
(d) Street No. 7325 East 37 St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME David Mc Intyre
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid 2
6. (b) Name of husband or wife Elizabeth Mc Intyre
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 29 1854 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	3	10	hr. min.

9. Birthplace Nashville (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name McIntyre
13. Birthplace (City, town, or county) No record (State or foreign country) 9
MOTHER
14. Maiden name Martha Jamison
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant Miss Clara Mc Intyre
(b) Address Leeds Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Brookings
18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address 918 Brooklyn
19. (a) 2/11/41 (Date received local registrar) (b) M. M. Grower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from January 24, 1941, to Feb. 9, 1941;
that I last saw him alive on January 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary oedema
Due to Cardiac (Myocardial Exhaustion)
Chronic " DEGENERATION
Due to Prostatic Obstruction - Benign
Other conditions Neosurgical
(Include pregnancy within 3 months of death)
Major findings:
Of operations None Done
Of autopsy Yes - Pathology Dept - Research - Hosp

Duration

PHYSICIAN
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 0
23. Signature [signature] (M. D. [illegible])
Address 1019 Prof. Bldg Date signed 2/10/41

(Licensed Embalmer's Statement on Reverse Side)

Ha 4022
Fil 1104
Prof Bg
12230

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Clair Shuppart

Licensed Embalmer No. 4179

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.