

FILED JUL 27 1942

Registration District No. 399

Primary Registration District No. 1002

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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:
3115 Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 55 years (Specify whether years, months or days)

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. 3115 Summit
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINTED FULL NAME Mrs Margaret Joyce McIntyre

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Leo McIntyre 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 28 1866
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>76</u> | <u>5</u> | <u>17</u> | _____ hr. _____ min. |

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name John Joyce
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Divine
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Mc Intyre
(b) Address 3115 Summit

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1942
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Durk and Robin
(b) Address 20 West Linwood

19. (a) 7-16-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day July
year 1942 hour 12.55 minute A M.

21. I hereby certify that I attended the deceased from Feb 5 1942 to July 15 1942
that I last saw him alive on July 13 1942
and that death occurred on the date and hour stated above

Immediate cause of death Arteriosclerosis of the heart
Heart Bloc
age

Due to _____
Due to age 95a

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edward Beranek M. D. or other _____
Address 303 Shaker Date signed July 16 42

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..... *David J. Perry*.....
Licensed Embalmer No. *40199*.....
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, fact should be so stated above.