

FILED AUG 14 1943 149

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3352

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:
General Hospital #20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/7-6/16/43
(Specify whether years, months or days) Unknown

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. 1114 Michigan
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MACK McINTOSH

3. (b) If veteran, name war no

3. (c) Social Security No none

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced unk

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1943 hour 3:50 minute P M.

21. I hereby certify that I attended the deceased from June 7, 1943 to June 16, 1943
that I last saw him alive on June 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute congestive heart failure

Duration

8. AGE: Years app. 50 Months Days If less than one day hr. min.

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

10. Usual occupation none

Due to Arteriosclerotic Heart disease with senile psychosis

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 8-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seelys

18. (a) Signature of funeral director Wm. G. Johnson

(b) Address City, Mortician

19. (a) 8-2-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) 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) Means of injury

23. Signature J. E. Brown (M. P. or other) M.P.

Address New Hwy #2 - N. E. Mo. Date signed 8-16-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

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, fact should be so stated above.