

S. No. 2
DM-2-43
5-17-39
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30826**
Registrar's No. **3795**

SEP 21 1943
Registration District No. **149**

Primary Registration District No. **1002**

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: 1604 Mabash
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 50 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary McIntyre

3. (b) If veteran, name war not

3. (c) Social Security No. not

4. Sex Fe **5. Color or race** wh

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

6. (b) Name of husband or wife Cyrus McIntyre **6. (c) Age of husband or wife if alive** 69 year

7. Birth date of deceased. July 6 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>1</u>	<u>25</u>	hr. min.

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

10. Usual occupation House work

11. Industry or business

MOTHER FATHER

12. Name John W. Raughlin

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

14. Maiden name Elzetta Keenon

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

16. (a) Informant: Cyrus McIntyre

(b) Address 1604 w. Mabash

17. (a) Burial **(b) Date thereof** 9-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. E. D. Forster

(b) Address Kansas city mo

19. (a) 9-2-43 **(b) D. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas city **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 1604 Mabash **8**
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1943 hour 10 minute 100 M.

21. I hereby certify that I attended the deceased from 1936 to Sept 1 1943
that I last saw her alive on Aug 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chronic heart **Duration** 2 years
enlarged

Due to 120A

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

Major findings: none **PHYSICIAN** _____
Of operations none
Of autopsy none
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 D. J. Suggs **(M. D. or other)** _____
Address 2202 102 18 **Date signed** 9/2/43

18th Precinct
Greenham
Dr. H. J. Brown
220 E 18
1 P.M.

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 *Denzil C. Browning*
Licensed Embalmer No. *2724*
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.