

**FILED** JAN 31 1946  
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: **ST. MARY'S HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 MONTH**  
(Specify whether years, months or days)  
In this community **10 years**

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. **2510 EAST 42ND STREET**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **MR FRANK A McINTYRE**

3. (b) If veteran **SPANISH AMERICAN** name was  
3. (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. BESSIE L McINTYRE**  
6. (c) Age of husband or wife if alive **emb** years  
7. Birth date of deceased **NOV. 8 1876**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **2** Days **6**  
If less than one day hr. min

9. Birthplace **BARRY ILLINOIS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED 15 YEARS**

11. Industry or business **TRAVELING PASS. AGENT. MO. PAC. RR**

12. Name **Matthew McINTYRE**

13. Birthplace **Pike County Ill.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mathilda Acker**

15. Birthplace **Mathom Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bern J. McFadyen**

(b) Address **2510 E 42 St**

17. (a) **Burial** (b) Date thereof **Jan 16 - 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **removal past**

18. (a) Signature of funeral director **St. Neese Comerford**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **1-16-46** (b) **Sheraldine Almond**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN.** day **14<sup>TH</sup>**  
year **1946** hour **2** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **12-6-45**  
19 to **1-14-46** 19

that I last saw him alive on **Jan 14** 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute circulatory failure** Duration **18 hr**

Due to **Fracture left femur** 40 days

Due to **Left hemiplegia**

Other conditions **C.N.S. Lesion**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **1810005**

Of autopsy

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) **Accident**

(b) Date of occurrence **12-6-45** 173

(c) Where did injury occur? **Kansas City, Jackson, Missouri**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**fell in home**

While at work **no** (Specify type of place) (a) Means of injury **fall**

23. Signature **E. Oestler** (M. D. or other)

Address **1002 Regent Bldg** Date signed **1-15-46**

1082  
2-5  
Carpenter  
1000

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**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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.**