S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24278

Registrar's No. 3164

WRITE PLAINLY—USING 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~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 172 HOURS (Specify whether
In this community 25 YEARS
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. 4441 EUCLID AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME MRS LULA McINTOSH
3. (b) If veteran, name war NO
3. (c) Social Security No. 495-05-8137

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or ~~wife~~ MR. ROSS K. McINTOSH
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased JANUARY (Month) 6 (Day) 1894 (Year)

8. AGE: Years 53 | Months 6 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace GUIDE ROCK (City, town, or county) NEBRASKA (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name WILLIAM HEFFNER
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant MR ROSS K. McINTOSH
(b) Address 4441 EUCLID AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 28 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MAPLE GROVE CEMETERY NEAR HAMMOND, KANSAS
18. (a) Signature of funeral director D. W. Newcomer's Son
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 7-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24TH year 1947 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 7, 1947 to July 24, 1947 that I last saw her alive on July 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	3 Wks
Due to Carcinoma L. Cervix	
Due to	
Other conditions Congestive Heart Failure (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma L. Cervix	50
Of autopsy Carcinomatosis	

PHYSICIAN
Underline the cause of 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

23. Signature [illegible] M. D. or ~~other~~
Address 120 Professional Bldg. Date signed 7/26/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

820 Professional Bldg.
10:30-12

JUN 29 1949

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 K.C. 3, 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.