

FILED OCT 11 1947
Registration District No. 149

Primary Registration District No. 1002

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 No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether 42 yrs)

In this community 42 yrs
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. 714 E. 8 St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Boulan M. McIntyre

3. (b) If veteran, name war no

3. (c) Social Security No. 492-22-8490

4. Sex Female / 5. Color or race white

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

6. (b) Name of husband or wife Edgar P. McIntyre

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

7. Birth date of deceased July 23 - 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>2</u>	<u>9</u>	hr. min.

9. Birthplace RC. Mo. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____

12. Name Mathaniel Starn Stark

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

14. Maiden name Elizabeth Dollars

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

16. (a) Informant Bertha Bauer

(b) Address 714 E. 8 St

17. (a) Burial Burial (b) Date thereof Oct. 4 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director M. E. Foster

(b) Address 918 Brooklyn

19. (a) 10-4-47 (b) Heraldine Helme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1947 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from Sept. 20 1947 to Oct. 2 1947;
that I last saw her alive on Oct. 2 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Miliary tuberculosis

Due to _____

Due to _____

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

Major findings: 22a
Of operations _____

Of autopsy See above

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 Wm W Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 10-3-47

Duration _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 11 1949

MAR 29 1949

Dr. J. McInnis

PROF. OF
ANATOMY
UNIVERSITY OF
ILLINOIS
CHICAGO

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 *Robert A. Herrmann*

Licensed Embalmer No. *3700*

P. O. Address *918 Brooklyn*

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.