

Registration District No. 47

Primary Registration District No. 5764

1. PLACE OF DEATH:

(a) County... Callaway
(b) City or town... 5 MI N. W. Of Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... Four Weeks (Specify whether
In this community... Four Weeks years, months or days)

3. (a) PRINT FULL NAME Vandilla Galli McIntosh

3. (b) If veteran, name war... No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife... B. Y. McIntosh 6. (c) Age of husband or wife if alive... years 29

7. Birth date of deceased... March 29 1878 (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Anville Penn. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business /

12. Name Henry Marquette

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

14. Maiden name Mary Johnson

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

16. (a) Informant I. C. Marquette

(b) Address R. F. D. " Fulton, Mo.

17. (a) Burial (b) Date thereof Aug. 20-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address 7 West 6th St. Fulton Mo.

19. (a) Aug 20-1948 (b) Joan Morawickoff (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, Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1217 Linwood 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 Aug 18 day Wed
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 15, 1948, to Aug. 18, 1948;
that I last saw her alive on Aug. 17, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death... Carcinoma of liver (metastatic) with primary at base of brain Duration months

Due to... /

Due to... /

Other conditions thrombophlebitis 2-3 months
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none Hof
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) /
(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 Henry D. ... (M. D. or other) M.D.
Address Fulton, Mo. Date signed 8/15/48

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed..... AUG 24 1948

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 *David C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Tulsa, Okla*

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.