

FILED NOV 4 1948
Registration District No. 179

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:
7236 MONTGALL AVENUE /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 YEARS
years, months or days

3. (a) PRINT FULL NAME MRS IMOGENE ELEANOR McINTYRE

(b) If veteran, name war No

(c) Social Security No. no

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. J. F. McINTYRE

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased OCTOBER 28 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>11</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace LIBERT MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name Unknown Miles

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

14. Maiden name Viola King's

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

16. (a) Informant Mrs J. F. McIntyre

(b) Address 7236 Montgall

17. (a) CREMATION (b) Date thereof Oct 6, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMERSONS

18. (a) Signature of funeral director D.W. Newcomer, Sr.

(b) Address 1401 BRUSH CREEK BLD.

19. (a) 10-5-48 (b) Geraldine Holmea
(Date received local registrar) (Registrar's signature)

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. 7236 MONTGALL AVENUE
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER Day 4TH
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 15, 1948 to Sept 29, 1948
that I last saw her alive on Sept 29 and that death occurred on the date and hour stated above

Immediate cause of death Acute Coronary Occlusion
Coronary Arteriosclerosis

Due to _____

Due to _____

Other conditions g.s.d.
(Include pregnancy within 3 months of death)

Major findings: g.s.d.

Of operations _____

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) _____

(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 Harold Passman
33. Signature Harold Passman (M. D. or other) _____
Address Prof. Bldg Date signed 10/5/48

1111 Professions Act

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.