

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State, File No. 30546

3685

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson 3/19	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 15 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Hospital				d. STREET ADDRESS (If rural, give location) 510-W. 10th Street				11	
3. NAME OF DECEASED (Type or Print) a. (First) Ella			b. (Middle) Ione		c. (Last) McIntosh		4. DATE OF DEATH (Month) (Day) (Year) August 27, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 7-10-1914		9. AGE (In years last birthday) 36	
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		11. BIRTHPLACE (State or foreign country) Sumner Missouri	
						12. CITIZEN OF WHAT COUNTRY U. S.			
13a. FATHER'S NAME Josusha Clark			13b. MOTHER'S MAIDEN NAME Mollie Kern			14. NAME OF HUSBAND OR WIFE James A. Mc Intosh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annabelle Smith, 955 Miama, K.C.K.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus				DUE TO (b) Stasis of blood				1 hr.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				1 week	
				DUE TO (c) Salpingitis: —				624X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION 8-27-50		19b. MAJOR FINDINGS OF OPERATION (1) Right Pyo-salpinx and cystic right ovary.						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from 8-7-50, 19___, to 8-27-50, 19___, that I last saw the deceased alive on 8-27-50, 19___, and that death occurred at 6:05P m., from the causes and on the date stated above.									
23a. SIGNATURE F. W. Thompson (Degree or title) D.O.				23b. ADDRESS 705 Bryant Bldg., K.C., Mo.			23c. DATE SIGNED 8-28-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/30/50		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) KC Mo		(State)	
DATE REC'D BY LOCAL REG. 8-29-50		REGISTRAR'S SIGNATURE Geraldine Holmes			25. FEDERAL DIRECTOR'S SIGNATURE			ADDRESS KC Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

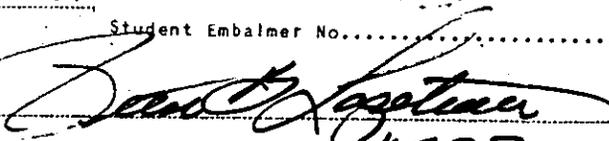
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....

Student Embalmer

Licensed Embalmer No. 4773

P. O. Address 15576

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.