No. 300
10-48

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

FILED JUN 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19046

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 2403

1. PLACE OF DEATH
a. COUNTY: U JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): ABERDEEN HOTEL - 514 EAST 9TH ST.

3. NAME OF DECEASED (Type or Print): a. (First) EDGAR b. (Middle) PETER c. (Last) MC INTYRE
4. DATE OF DEATH (Month) (Day) (Year): May 21, 1954
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 16, 1890
9. AGE (In years last birthday): 63 — If under 1 year: Months, Days — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: VA-HOSPITAL Hospital cook
11. BIRTHPLACE (City and State or Foreign Country): Home City, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: George Mc Intyre
13b. MOTHER'S MAIDEN NAME: Minnie Kerns
14. NAME OF HUSBAND OR WIFE: Blanche Friend ex-wife
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 497-14-3886
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Official Records, VAH, Kansas City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Infarct of myocardium — unk
DUE TO (c) Arteriosclerotic cardiovascular disease — unk

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bilateral Adrenal Hemorrhage — Terminal

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☒ NO ☐

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) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 1954, *to* May 21, 1954, ~~XXXXXXXXXXXXXXXXXX~~ *and that death occurred at* 8:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: THOMAS J. FRANKLIN, M.D. (Degree or title) D
23b. ADDRESS: VA Hospital, Kansas City, Mo
23c. DATE SIGNED: 5/24/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: May 28, 1954
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State): FT. LEAVENWORTH, KANSAS

DATE REC'D BY LOCAL REG.: 5-28-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: A. H. Newcomer's Sons 1331 Brush Creek Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 493

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.