

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 #2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4-24-45-4-27-45
(Specify whether)
 In this community 27 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. 1807 E. 13 St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME DELLA MC INTYRE
 3. (b) If veteran, name war no
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Walter McIntyre
 6. (c) Age of husband or wife if alive 29 years
 7. Birth date of deceased September 4 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>7</u>	<u>23</u>	hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Laborew

11. Industry or business
 12. Name Arthur Raymond
 13. Birthplace Bonner Springs Kansas
(City, town, or county) (State or foreign country)
 14. Maiden name MOZELLA GRIFFIN
 15. Birthplace Little Rock Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address Gen. Hosp. #2
 17. (a) Removal
(Burial, cremation, or removal) (b) Date thereof 5-8-1945
(Month) (Day) (Year)

(c) Place: burial or cremation Wentown Cemetery
 18. (a) Signature of funeral director Walter W. Hatcher
 (b) Address 1523 N. 5th St.
 19. (a) 5-4-45 (Date received local registrar)
 (b) Seraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 27
 year 1945 hour 10:50 minute A M.
 21. I hereby certify that I attended the deceased from April 24 19 45 to April 27 19 45
 that I last saw her alive on April 27 19 45
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Metastatic Tumor of Brain, Lungs, Heart, & Kidney
 Due to Sarcoma of Right Thigh
(Primary site)
 Due to
 Other conditions 55-2
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy Same as above
 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)
 (Specify type of injury)
 23. Signature J. O. Shaw (M.D. or other)
 Address Gen. Hosp. #2 - 608 E 22 Date signed 4-30-45

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

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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

Nathan Whateley

Licensed Embalmer No. *2200*

P. O. Address *1528 N. 5th St*

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.