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4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41193

State File No. 4874

FILED JAN 24 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:  
Vineyard Park Hospital,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks,  
(Specify whether

In this community 42 years, 0  
years, months or days)

3. (a) PRINT FULL NAME Battle McCardle,

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed,

6. (b) Name of husband or wife Etta McCardle, 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased October 23, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	2	5	.....hr. ....min.

9. Birthplace Mississippi, 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer,

11. Industry or business X

MOTHER FATHER { 12. Name William H. McCardle,

13. Birthplace Kentucky, 1  
(City, town, or county) (State or foreign country)

14. Maiden name Annie Fort,

15. Birthplace Mississippi, 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Naber,

(b) Address Continental Hotel, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 12-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec 30 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 048  
39

(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")

(d) Street No. 5 East 54th St.,  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th  
year 1941 hour 6:05 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 15, 1941, to Dec 28, 1941;  
that I last saw him alive on Dec 27, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia 5 days  
Enteritis (dysenteric) 6 hrs.

Due to Chr. Latent Tub. Nephritis.

Other conditions Chr. Latent Tub. Nephritis.  
(Include pregnancy within 3 months of death)

Major findings: None 338  
Of operations None

Of autopsy None

PHYSICIAN None  
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 J. E. Helden (M. D. of \_\_\_\_\_)  
Address 3235 Gillham Plaza Date signed 12-28-41

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

09300

048  
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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

K C Mo

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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.....

*E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *78 E. Mo*

**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.**