

FILED DEC 3 1943
Registration District No. 119

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, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one-half hour
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Richard E. McCale
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased JANUARY 23 1942
(Month) (Day) (Year)

8. AGE: Years 1 Months 9 Days 22 hr. 8 min.
X

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

MOTHER FATHER
12. Name LEONARD E. McCALE JR.
13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Winter Math
15. Birthplace Wapello Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant LEONARD E. McCALE JR.
(b) Address Kansas City Missouri

17. (a) burial (b) Date thereof 11-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eloise Keller

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

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

19. (a) 11-16-43 (b) R. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 2517 Chestnut
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 15, 1943, to November 15, 1943
that I last saw him alive on November 15, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death:
Post Mortem
Diffuse bronchopneumonia
atelectasis
Passive congestion
Other conditions of the liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 1/2
Of autopsy 2
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) Means of injury _____
23. Signature John H. Raskin M.D. (M. D. or other)
Wm. Chas. Day Date signed 11-17-43
Address _____

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. Plack
Licensed Embalmer No. 1848
P. O. Address K.C. 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.