

BIRTH NO. <u>52364-50</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4051</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>14 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>13450. KENSINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHEAST HOSPT</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u>		b. (Middle) <u>ALLAN</u>		c. (Last) <u>Mc DANIEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 22 50</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED (Specify) <u>NEVER MARRIED</u> WIDOWED, DIVORCED		8. DATE OF BIRTH <u>9/21/50</u>	
9. AGE (In years last birthday) <u>14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>CHAS R. Mc DANIEL</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LEE TAGGERT</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Taggart K.C. Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelactasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature 6 mo.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs.</u> <u>7625</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (m.)		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 <u>9/21/50</u> to <u>9/22, 1950</u> , that I last saw the deceased alive on <u>9/22, 1950</u> , and that death occurred at <u>5:27</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Poesch</u> (Degree or title) <u>Dr. J.</u>		23b. ADDRESS <u>Kansas City Mo</u>		23c. DATE SIGNED <u>9/23/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/28/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-25-50</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Sheil Funeral Home</u>		ADDRESS <u>K.C. Mo</u>	

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.....
Student Embalmer

Signed

J. P. Scheil

Licensed Embalmer No. 3625

P. O. Address Ke 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.