

Registration District No. 149

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4224 E 58TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 77 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4224 E 58TH STREET 6
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME ALFRED EARL McCALE

3. (b) If veteran; name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. BERTHA McCALE 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: JANUARY 24 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 28 If less than one day hr. min.

9. Birthplace RICHFORD VERMONT
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED ENGINEER

11. Industry or business ROCK ISLAND R.R.

12. Name JOHN McCALE

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

14. Maiden name LUCY JOHNSON

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

16. (a) Informant MRS. BERTHA McCALE

(b) Address 4224 EAST 58TH STREET

17. (a) BURIAL (b) Date thereof FEB 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENLAWN CEMETERY

18. (a) Signature of funeral director Dr. Newcome Jones

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 22548 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY 12 day NO
year 1948 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Sclerosis

Due to arteriosclerosis

Due to _____

Other conditions Deputy Coroner
(Include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy History 93 D

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) (e) Method of injury _____

23. Signature A.E. Asher (M.D. or other) M.D.
Address 2800 Main Date signed 2/12/48

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.....

Robert Ray

Licensed Embalmer No.....

4182

P. O. Address.....

Kansas City, 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.