REC'D APR 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10972
Do not use this space.

1. PLACE OF DEATH
4 (a) County Jackson
5 (b) Township Blue
(c) City Independence
4 (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 398
Primary Registration District No. 3019
Registered No. 98
(d) Street No. Indep. Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Lynn 500
(a) Residence, No. 111 No. Sterling St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 23 1879

7. AGE: Years 59 | Months 1 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

FATHER
13. NAME: Hugh McCracken 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER
15. MAIDEN NAME: Katherine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Joseph Lynn Butler, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's Cem DATE Mar 30 1938

19. FUNERAL DIRECTOR (ADDRESS): Geo. L. Carson Butler, Mo.

20. FILED 3-30-1938 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Crown to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile traumatism	
Fracture of the skull	

Other contributory causes of importance: 8 hrs 71

W

Name of operation ..... Date of .....
What test confirmed diagnosis: Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/27/38, 19
Where did injury occur? 34 Truman & Truman Rd (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place. Highway
Manner of injury Struck by auto
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) ....., M. D.
(Address) 316

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JOHNSON-BRUNER 1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)