

DECEMBER 9 1938

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

39157
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
 (b) Township Springfield Primary Registration District No. 2001 Registered No. 838
 (c) City Springfield (d) Street No. 713 N. Sherman St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 713 N. Sherman St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Maggie McCracken
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 1869
 7. AGE YEARS 69 MONTHS 8 DAYS 9 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Mo

FATHER 13. NAME Brown McCracken

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Martha Jarrett

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Maggie McCracken
713 N. Sherman

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Mem. Nov 10 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. G. Campbell
869 W. 4th Ave.

20. FILED Nov 9 1938 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1938, to Nov 7 1938

I last saw him alive on Nov 7 1938 Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Sudden
Arterial hypertension ?
 Other contributory causes of importance: None

Name of operation none Date of no
 What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury Nov 7 1938
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ?
 Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) Wm. H. Selsby, M. D.
 (Address) Springfield, Mo.

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.

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,

W. R. Campbell

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

W. R. Campbell

Licensed Embalmer No.

1747

P. O. Address

Springfield

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, above space should be left blank.