

REC'D FEB 15 1939

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

2320  
Do not use this space.

1. PLACE OF DEATH GREENE 2

(a) County..... Registration District No. 318  
 (b) Township..... Primary Registration District No. 2001  
 (c) City..... SPRINGFIELD (d) Street No. 831 McCann 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Lucy T. Wallace McCracken

(a) Residence, No. 831 McCann 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. J. McCracken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 27, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 ✓ 77 2 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Hickory Co. Mo

FATHER 13. NAME Robert Wallace  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Mary Keene  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Miss Georgia McCracken Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood *Bolivar Mo* Jan, 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman H Lohmeyer Springfield Mo

20. FILED Jan 20, 1939 *Chas A George* Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 18 1938, to Jan 20 1938  
 I last saw her alive on Jan 18 1938. Death is said to have occurred on the date stated above, at 5 a.m.  
 The principal cause of death and related causes of importance were as follows:  
 Bronchial Pneumonia  
 Probable Carcinoma of gall bladder  
 Date of onset Unknown

Other contributory causes of importance:  
 Probable Carcinoma of gall bladder

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray 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 \_\_\_\_\_, 19\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. L. Johnston, M. D.  
 (Address) 806 Med. Bldg. Springfield, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**