

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 11303Registration District No. 22495Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County JASPER
 (b) City or town JOPHIN
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. JOHN'S HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 DAY
 In this community 8 YEARS (Specify whether years, months or days)

8. (a) PRINT FULL NAME GEORGE McCRACKEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 9, 1864
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
75 10 18 hr. min.9. Birthplace MILBER COUNTY INDIANA
(City, town, or county) (State or foreign country)10. Usual occupation CARPENTER11. Industry or business HIMSELF12. Name MARK McCRACKEN13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)14. Maiden name HANNAH GREEN15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)16. (a) Informant's own signature HOSPITAL RECORDS(b) Address ST. JOHN'S HOSPITAL, JOPHIN, MO17. (a) BURIAL (b) Date thereof 4-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation IVY CEM. S.E. OF No 34018. (a) Signature of funeral director HURLBUT UND CO(b) Address 212 JOPHIN ST., JOPHIN, MO19. (a) 4-1-40 (b) Ed D James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER
 (c) City or town JOPHIN
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1309 VIRGINIA
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28
year 1940 hour 12 minute 05 A.M.21. I hereby certify that I attended the deceased from
Mar 27 1940, to Mar 28 1940,
that I last saw him alive on Mar 27 1940
and that death occurred on the date and hour stated above.Immediate cause of death Chronic NephritisDue to Myocarditis, Ch

Due to _____

Other conditions 171
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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?
340While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature J. D. Walker (M. D. or other) _____Address Joplin Mo Date signed 4/2/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 6,

District File Number 4410-1072

Date Filed APR 10 1940

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 Steve D. Parker

Licensed Embalmer No. 2648

P. O. Address Jefferson

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.