

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37832

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4430

FILED DEC 11 1940

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Kan City Mo  
(c) Name of hospital or institution:  
3040 Forest  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 (Specify whether  
In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kan City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3045 Forest  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ELSIE A. Mc CRACKEN

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

4. Sex fe 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fred Mc Cracken 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 15, 1880  
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Cleveland Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Adrian Horn  
13. Birthplace Cleveland Ohio (City, town, or county) (State or foreign country)  
14. Maiden name Anna Gutz  
15. Birthplace Cleveland Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Fred Mc Cracken

(b) Address 3045 Forest

17. (a) Burial (b) Date thereof 11-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Ray E. Smith

(b) Address 2315 S. University

19. (a) 11-20-40 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19 year \_\_\_\_\_ hour \_\_\_\_\_ minute 9:30 M. A.

21. I hereby certify that I was \_\_\_\_\_ of the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I was \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Somewhat wound of the head.

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 167

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 9-16-40

(c) Where did injury occur? h.l. Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_ (Specify place of place) \_\_\_\_\_ (Specify means of injury)

23. Signature Arthur P. Miller (M. D. or other) \_\_\_\_\_

Address K. I. Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*Ray E. Snow*

Licensed Embalmer No. 2560

P. O. Address 2315 Linnwood

**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.**