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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2588

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. East Sunshine Drive
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th
year 1941 hour 2:50 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec 20
_____, 1940, to Jan 8, 1941
that I last saw him live on Jan 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho Pneumonia
Due to _____
Due to _____
Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Charles C. McCracken

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora McCracken 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February 26, 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Polk County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Stockman and Farmer

11. Industry or business On Farm

12. Name Joseph McCracken

13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Frances Bodine

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora McCracken

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 1/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn 1-10-41

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 1-10-41 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

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? Yes
(Specify type of place) (Specify type of place)
While at work? _____ (Specify type of place)
Means of injury _____
22. Signature W. A. Deibel (M. D. or other) _____
Address Jan 8 1941 Date signed Jan 8 1941

FEB 2 1954

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 *E. W. Northey*

Licensed Embalmer No. 1767

P. O. Address. Springfield Mo

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, fact should be so stated above.