

No. 2
4-13-40
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X23159

1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3307

Registration District No. 508

Primary Registration District No. 3026-5674
Registrar's No. 14

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: COUNTY INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS
(Specify whether
In this community 71 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #36 (South) 3 MILES
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARK McCracken
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 18 - 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Livingston (City, town, or county) (State or foreign country) 0

10. Usual occupation LABOR

11. Industry or business _____

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant COUNTY COURT

(b) Address Chillicothe

17. (a) BURIAL (b) Date thereof JAN 24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EDGEWOOD CEM

18. (a) Signature of funeral director H.A. Meinershagen

(b) Address Chillicothe Mo

19. (a) 1-24-41 (b) H.M. Trace, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23
year 1941 hour 4 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 13
_____, 1941, to Jan 23, 1941;
that I last saw him alive on Jan 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 5 years

Due to _____

Due to _____

Other conditions _____

(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? _____

913 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature P. Pallen (M. D. or other) _____

Address Chillicothe Mo Date signed 1/24/1941

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

9
0

59
0

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Elmer Thomas, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Elmer Thomas*

Licensed Embalmer No. *2640*

P. O. Address..... *Phillipotts W.*

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.