

FILLED NOV 19 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 277

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town WILLIAMSBURG
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 CALLAWAY
(c) City or town WILLIAMSBURG
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILBUR S. McCracken

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

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife MARTHA YATES 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 8 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired FARMER

11. Industry or business _____

12. Name William McCracken

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

14. Maiden name JANE BLACKSTONE

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

16. (a) Informant MRS WILBUR McCracken

(b) Address WILLIAMSBURG, MO

17. (a) BURIAL (b) Date thereof OCT. 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD AUXVAESE

18. (a) Signature of funeral director Ellen Y. Manning

(b) Address 200 Cant St. Fulton, Mo.

19. (a) 10-17-41 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1941 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from the summer of 1940 to Oct. 16 1941
that I last saw him alive on Oct. 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Arterio Sclerosis

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 938
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? _____

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

23. Signature R. N. Crews (M. D. or other) _____
Address Fulton Mo Date signed 10/17/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14
0
0

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.....

Glen Y. Maupin

Licensed Embalmer No. *21025*

P. O. Address. *Fulton, 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.