

FILED JUL 9 1942
Registration District No. 399

Primary Registration District No. 1002

State File No. _____

Registrar's No. 2478

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
5505 Euclid Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 4/1
(c) City or town Kansas City 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5505 Euclid Avenue 8
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Matilda C. McCracken
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mr. John T. McCracken
6. (c) Age of husband or wife if alive _____
7. Birth date of deceased November 10 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 17 hr. min.

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

10. Usual occupation None

11. Industry or business At Home

12. Name Asa Moore

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

14. Maiden name Clara Pauley

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

16. (a) Informant Loren McCracken
(b) Address 5615 Woodland Avenue

17. (a) Burial (b) Date thereof June 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Missouri

18. (a) Signature of funeral director S. H. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) 6-29-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

361 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1942 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 15
1940 to June 27 1942
that I last saw her alive on Jan 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Insufficiency

Due to Valvular Heart Disease / year

Due to Arteriosclerosis 92 B

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

Major findings:
Of operations _____
Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 D

23. Signature Carl Jackson (M. D. or other) _____
Address 1103 E. 9th Date signed 6/28/42

Mr. Carl O. Jackson
~~Don't know~~
St. Regis

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo

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.