

Registration District No. 709283 Primary Registration District No. 5938/5973

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

1. PLACE OF DEATH:

(a) County Polk
 (b) City or town Rondo - Rural - Jefferson
 (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 Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
 (c) City or town Rondo - Rural - Jefferson
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1 1/2 mile north of Rondo
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Pauline Belle McCracken
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
 year 1942 hour 6 minute A.M.
 21. I hereby certify that I attended the deceased from _____, 1940 to June, 1942
 that I last saw her alive on June 25, 1942
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife marcus McCracken
 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased Oct 19 1862
 (Month) (Day) (Year)

Immediate cause of death _____
Advanced arteriosclerosis
 Due to _____
 Due to _____

8. AGE: Years 79 Months 8 Days 9
 If less than one day _____ hr. _____ min.

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Bellevue - Polk Co Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation housewife
 11. Industry or business _____

MOTHER FATHER {
 12. Name Sanford Ammerman
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Newberry
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)
 16. (a) Informant Ray McCracken
 (b) Address Rondo Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1942
 (Month) (Day) (Year)
 (c) Place: burial or cremation Rondo Cemetery
 18. (a) Signature of funeral director Chas. G. Gester
 (b) Address Bellevue Mo
 19. (a) July 19, 1942 (b) Mrs. Geo. Thayer
 (Date received local registrar) (Registrar's signature)

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 Robert G. Keenan (M. D. or other) M.D.
 Address Stumanville Mo Date signed 7-19-42

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

RECEIVED

District Health Officer No. 7,

District File Number 8-42-907

Date Filed 8-10-42

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.....

Oby Jester

Licensed Embalmer No. 4154

P. O. Address.....

Baltimore, Md

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.