

**FILED OCT 20 1942**

Registration District No. **749**

Primary Registration District No. **1002**

48  
8/20/42

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**923 Paseo /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Year** (Specify whether years, months or days)

In this community **1 Year**

3. (a) PRINT FULL NAME **Jerry Louis McCracken**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male**  **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Child**

6. (b) Name of husband or wife **Child**

6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **September 4 1940**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>2</b>	<b>0</b>	<b>02</b>	hr. min.

9. Birthplace **Iola Kansas /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business **Child**

MOTHER FATHER { 12. Name **Mr. Louis McCracken**

13. Birthplace **Kansas /**  
(City, town, or county) (State or foreign country)

14. Maiden name **Velva Kinmear**

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

16. (a) Informant **Mr. Louis McCracken**

(b) Address **923 Paseo St.**

17. (a) **Removal** (b) Date thereof **10/8/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Iola Kansas**

18. (a) Signature of funeral director **Rose & Handerson**

(b) Address **4139 E. 15th St.**

19. (a) **10-8-42** (b) **M. M. Browne**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **923 Paseo St.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **6**  
year **1942** hour **6:55** minute **P.** M.

21. I hereby certify that I attended the deceased from **9/11/42** to **10/6/42**  
that I last saw him **alive** on **10/6/42** and that death occurred on the date and hour stated above.

Immediate cause of death **Injury by fall massive skull fracture.** Duration

Due to **1860**

Due to **1860**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) **Acc 123**

(b) Date of occurrence **Oct 6 1942**

(c) Where did injury occur? **Kansas City Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home** (Specify type of place)

While at work (e) Means of injury **Acc Fall**

23. Signature **Ortath** (M. D. or other)  
**Rew** Date signed **10/7/42**

**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.....

Licensed Embalmer No. 3657

P. O. Address W.C. 7th

**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.**