

Registration District No. 3055

Primary Registration District No. 3055

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Fall

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

(c) Name of hospital or institution:  
620 N. Main St. 1  
(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 Fall

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

(d) Street No. 620 N. Main St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country none

3. (a) PRINT FULL NAME Edward Albert M<sup>e</sup> Cracken

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1943 hour 11:40 minute P. M.

21. I hereby certify that I attended the deceased from April 10 1943 to April 10 1943 that I last saw him alive on April 10 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Divorced

6. (b) Name of husband or wife Glady's M<sup>e</sup> Cracken

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 25, 1884  
(Month) (Day) (Year)

Immediate cause of death

Cerebral apoplexy 2 yrs

Due to arteriosclerosis

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

58 8 14 hr. min.

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

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN J. B. A.

Underline the cause to which death should be charged statistically.

10. Usual occupation Salesman

11. Industry or business Grocery Salesman

12. Name Albert J. M<sup>e</sup> Cracken

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

14. Maiden name Susan Adeline Walker

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

16. (a) Informant Harry J. M<sup>e</sup> Cracken

(b) Address Bolivar, Mo.

17. (a) Burial (b) Date thereof April 13 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Arundel Blue

(b) Address Bolivar, Mo.

19. (a) Apr. 24, 1943 (b) Alice Palen  
(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 D. M. Brown (M. D. or \_\_\_\_\_)

Address Bolivar, Mo. Date signed 7-12-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number

4-43-137

Date Filed

5-4-43

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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

*William D. Ewin*

Licensed Embalmer No. 3092

P. O. Address. *Bolivar, 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.