

V. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2577

State File No. ....

FILED FEB 13 1945

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days)

In this community 12 hours  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Judith Ann McCracken

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased January 23, 1945  
(Month) (Day) (Year)

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

0 0 0 12 hr.  min.

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

10. Usual occupation infant

MOTHER FATHER

11. Industry or business.....

12. Name Searcy McCracken

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

14. Maiden name Verna Reinzler

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

16. (a) Informant Searcy McCracken

(b) Address 2528 N. Range Line, Joplin, Mo.

17. (a) burial (b) Date thereof 1/26/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 1-24-45 (b) J. Hunsaker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 2528 North Range Line 5  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23  
year 1945 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from 1-23-45, 19....., to....., 19.....; that I last saw him alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary heart defect heart

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 157 mm

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).....

(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 Ellsworth's (Specify type of study) Means of injury.....

23. Signature [Signature] (M. D. or other) 0

Address Joplin, Missouri Date signed 1/24/45

(Licensed Embalmer's Statement on Reverse Side)

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

19  
2

1204

45-1-50

**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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin 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.**