

FILED JAN 12 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 5972

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

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 10 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Flemington (If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM T. SHERMAN McCRACKEN

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1945 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Minerva McCracken 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Jan. 13 1865 (Month) (Day) (Year)

that I last saw him alive on December 20, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years 80 Months 11 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Chronic Myocarditis  
Carcinoma of Left Ventricle

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

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

9. Birthplace Polk Co., Mo. (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

10. Usual occupation Retired Farmer

Of operations \_\_\_\_\_

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

11. Industry or business \_\_\_\_\_

12. Name Joseph McCracken

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

14. Maiden name Unknown Belmont

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Frankie McCracken (b) Address Flemington Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Dec. 23-1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Roads Cemetery

18. (a) Signature of funeral director W. H. Bennett (b) Address Flemington Mo.

While at work: \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

19. (a) Dec 29 45 (b) Maulee Richardson (Date received local registrar) (Registrar's signature) Deputy

23. Signature George H. Robinson (M. D. or other) M.D. Address Flemington, Mo. Date signed 12/21/45

1516

RECEIVED

Office of Health Officer No. 7,

12-45-1336

Date filed 1-11-46

**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 by me Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed

*E. H. Pimm*

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.**