

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14552

FILED APR 17 1947
Registration District No. 286

Primary Registration District No. 5978

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Pack
(b) City or town Stemington
(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 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pack 84
(c) City or town Stemington 0
(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 MINERVA A. McCracken
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar, day 18
year 1947 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from Mar 16
1947 to Mar 17, 1947
that I last saw her alive on Tan 10, 1947
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 wid
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 15 1867
(Month) (Day) (Year)

Immediate cause of death Myocardial Insufficiency Duration Several years
Due to Chronic Myocarditis

8. AGE: Years Months Days If less than one day
80 0 3 hr. min.

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

9. Birthplace Hickory Co. Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Retired

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name John Cooper
13. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Thany Bond
15. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Frankie M. Crankin
(b) Address Stemington Mo.
17. (a) Burial (b) Date thereof March 20, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Roads Cemetery
18. (a) Signature of funeral director W. H. ...
(b) Address Humansville, Mo.
19. (a) Mar 21-1947 (b) Luesile Kirkpatrick
(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 J. E. Wetzel (M. D. or other) _____
Address Humansville, Mo. Date signed 3-21-47

RECEIVED
District Health Officer No. 7,
District File Number 3-47-434
Date Filed 4-16-47

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 W. J. Cresswell, Registered Apprentice No. 472,
working under my personal supervision.

Signed E. H. Primm
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.