

S. No. 2
 FORM-5-43
 REV. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **24273**
 Registrar's No. **3063**

FILED AUG 7 1947
 Registration District No. **177**

Primary Registration District No. **1002**

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo.
50 years fully whether
 In this community 50 years, months or days

3. (a) PRINT FULL NAME Phoebie E. Cowick McCracken
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife William McCracken
 6. (c) Age of husband or wife if alive * years
 7. Birth date of deceased 2 17 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 45 Days 0
 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER { 12. Name Thomas Highley
 13. Birthplace West Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Vernica Tanner
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Rose
 (b) Address 722 North Prospect

17. (a) Eurial (b) Date thereof 7-21-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address Kansas City, Missouri

19. (a) 7-21-47 (b) Geraldine Holmes
(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. 722 No. Prospect
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
 year 1947 hour 3 minute 53 P.M.

21. I hereby certify that I attended the deceased from June 16 1947 to July 17 1947;
 that I last saw her alive on July 17 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident

Due to _____
 Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy None

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 Wm. W. Hart (M. D. or other) M.D.
 Address Med. Dir. Gen'l Hosp. Date signed 7-18-47

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

Dr. Brinkman

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 *Robert A. Herrmann*

Licensed Embalmer No. *3700*

P. O. Address *Fanshawe City, 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.