

FILED SEP 15 1947

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days
(Specify whether)

In this community 43 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 736 McCann
(If rural, give location)

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

3. (a) PRINT FULL NAME Dora F. McCracken

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife James N. McCracken

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

7. Birth date of deceased January 15, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business In Home

MOTHER FATHER {

12. Name J. H. Kirby

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

14. Maiden name Mary Jane Woods

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

16. (a) Informant Mrs. Marylee Vollmer

(b) Address Prosser, Washington

17. (a) Burial (b) Date thereof 9/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home
(Specify type of place)

(b) Address Springfield, Missouri

19. (a) 9-5-47 (b) W. J. Handley WPA
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, 4th,
year 1947 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from Aug 1
1947 to Sept 4 1947
that I last saw her alive on 9/4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung 1947
Duration

Due to.....

Due to.....

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

Major findings:
Of operations.....
Of autopsy..... 477

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?.....

(e) Means of injury.....

23. Signature Ray D. Stullway (M. D. or other) MD
Address Springfield, MO Date signed 9/11/47

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Lewis G. Scherpf*.....

Licensed Embalmer No. *3862*.....

P. O. Address *Springfield, 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.