No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1948

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Dr. McCracken

State File No. 542

Registration District No. 71 | Primary Registration District No. 3012 | Registrar's No. 1

**1. PLACE OF DEATH:**
(a) County: Clay
(b) City or town: Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Springs Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 weeks (Specify whether
In this community: 29 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Clay 24
(c) City or town: Excelsior Springs (If outside city or town limits, write "RURAL") 1
(d) Street No.: 725 Old Orchard (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: EMMA ANNA HIRRLINGER
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F. 1
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: W. F. Hirrlinger
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: Jan. (Month) 25 (Day) 1878 (Year)

8. AGE: Years 69 | Months 11 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace: Schuyler County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: —

FATHER
12. Name: Michael McCarty
13. Birthplace: unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name: Lucinda Ellen
15. Birthplace: Schuyler County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: William F. Hirrlinger
(b) Address: 725 Old Orchard, Ex. Spgs.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 10 (Month) 48 (Day) (Year)
(c) Place: burial or cremation: Excelsior Springs, Mo
18. (a) Signature of funeral director: Virgil Hope
(b) Address: Excelsior Springs, Mo
19. (a) 1/10/48 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 7th year 1948 hour 10:22 minute A. M.
21. I hereby certify that I attended the deceased from December 5, 1947, to January 7th, 1948, that I last saw her alive on January 7th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of head of pancreas; metastasis of liver — Duration: 3 weeks
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: Operated 12/22/47- as shown above- Exploratory Chole-gastrostomy to relieve jaundice

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

23. Signature: R. McCracken (M. D. or other) M. D.
Address: Excelsior Springs, Mo. Date signed: 1/9/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8.

District File Number .....

Date Filed 1-21-48

MAR 8 1950

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**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: James A. Moles

Licensed Embalmer No. 3296.

P. O. Address Ex Springs 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.**