

No. 300
M-10-47
7-5-17-39
I 3906

State File No. _____

FILED MAR 25 1948

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton
(c) City or town Diamond
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lyra Anna McCracken

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

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 27 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months II Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William P. Leathers

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

14. Maiden name Anna Darden

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

16. (a) Informant Nina M. Anderson

(b) Address Columbia Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 7 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Diamond Mo.

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia Mo

19. (a) Max. 7 1948 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1948 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 4 1948 to March 6 1948
that I last saw alive on March 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Severe pneumonia of gutting 2 day
with all symptoms
Due to _____

Due to Myocardial infarction

Other conditions (Include pregnancy within 3 months of death) 23

Major findings: Of operations Severe pneumonia
of gutting 2 day
Of autopsy infection

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature E. J. Baskett (M. D. or other) M.D.
Address Columbia Mo Date signed 3/7/48

RECEIVED
District Health Officer No. 9
MAR 23 1948
Date Filled

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 Tom McFarq
Licensed Embalmer No. 4067
P. O. Address Columbia, 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.