No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41103

JAN 24 1942
Registration District No. ____ Primary Registration District No. ____ Registrar's No. 4784

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:
Gross Convalescent Home-3918 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Months (Specify whether
In this community 25 Years 4
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1865 East 76th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 75 0 years.

3. (a) PRINT FULL NAME Mrs. Marie McCraken
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 Widowed
6. (b) Name of husband or wife Mr. Frank B. McCraken
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased March (Month) 25 (Day) 1856 (Year)

8. AGE: Years 85 Months 8 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace Unknown (City, town, or county) Denmark 4 (State or foreign country)
10. Usual occupation At Home
11. Industry or business ---
FATHER
12. Name Unknown Christiansen
13. Birthplace (City, town, or county) Denmark 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Denmark 4 (State or foreign country)
16. (a) Informant Mrs. James Trowbridge
(b) Address 1865 East 76th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery
18. (a) Signature of funeral director O. H. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Dec. 23-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd
year 1941 hour 2 minute 35 P. M.
21. I hereby certify that I attended the deceased from Dec, 1940, to Dec 23, 1941
that I last saw her alive on Dec 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Sclerotic heart disease — Duration
Due to
Due to
Other conditions Bed sore infection
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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
23. Signature J. J. Davis (M. D. or other)
Address 1010 Prospect Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

1010 Professional Bldg
11-2:30

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 Emile M. Calhoun

Licensed Embalmer No. 350-6

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.