

FILED JAN 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1882

Registration District No. 275

Primary Registration District No. 3047

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Neosho
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Salem Memorial Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
 (Specify whether
 In this community 53 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton 73
 (c) City or town Diamond, Mo. 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No. (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Ulysses Grant McCracken

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

4. Sex male 5. Color or _____ 6. (a) Single, widowed, married,
White divorced married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
Lyra A. McCracken alive _____ years
 7. Birth date of deceased July 10 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 6 10 _____ hr. _____ min.

9. Birthplace Polk County, Mo. _____
 (City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business McCracken Mercantile Co.

12. Name E. Phran McCracken

13. Birthplace Polk County, Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Susan Reynolds

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

16. (a) Informant Mrs Lyra A. McCracken

(b) Address Diamond, Mo.

17. (a) Burial (b) Date thereof 1-22-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diamond, Mo.

18. (a) Signature of funeral director Paul J. Clark

(b) Address Clark-Bighams Mortuary

19. (a) Jan 23, 1948 (b) McCracken
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
 year 1948 hour _____ minute 45 A.M.

21. I hereby certify that I attended the deceased from December
14 1947 to January 20 1948
 that I last saw him alive on January 20 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration
Pain in type
 Due to arteriosclerosis

Due to _____
 Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none

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? _____ (c) Means of injury _____
 23. Signature William A. Bowman (M. D. or other) M.D.
Hooks, Mo Address Date signed Jan 23 1948

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

RECEIVED

District Health Officer No. Newton

District File Number 148-237

Date Filed 1-27-48

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 H. G. White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.