DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 15 1939

Registration District No. 796

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3038

State File No. 30317

Registrar's No. 144

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**1. PLACE OF DEATH:**

(a) County Saline 2

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Saline 1

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

(d) Street No. 215 East North Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Pauline Mary Tracy 620

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Tracy

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

7. Birth date of deceased Dec. 3, (Month) (Day) 1851 (Year)

8. AGE: Years 87 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. P. McCombs
(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director Don Short 712
(b) Address Marshall Missouri

19. (a) 8-29-39 (Date received local registrar) (b) Mary Kent Dep. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 28th year 1939 hour 3;00 am minute M.

21. I hereby certify that I attended the deceased from July 15, 1930, to Aug 27, 1939; that I last saw her alive on Aug 26, 1939; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chr Institial Nephrotis | 6 Mos |
| Due to: Senility | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Chr Myocarditis | 5 yrs. |

Major findings:
Of operations
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) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? (e) Means of injury

23. Signature Robt W Kennedy (M. D. or other)
Address Marshall Mo Date signed 8-28-39

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/11/39

## 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 Don W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall, Missouri

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

**If this body is not embalmed, above space should be left blank.**