

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10670

Registration District No. 197

Primary Registration District No. 5276A

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1002 E. 22.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 years
(Specify whether years, months or days)

In this community 9 years

3. (a) PRINT FULL NAME Leonard Wayne Tracy

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife no

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased June 30, 1916
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>23</u>	<u>1</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation none

11. Industry or business none

12. Name O. F. Tracy

18. Birthplace Herd, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Laura E. Springs

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

16. (a) Informant O. F. Tracy

(b) Address 1002 E. 22, North K. C. Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof March 13, 1940
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Mo.

19. (a) April 7, 1940 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town North Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1002 E. 22
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1940 hour 12:40 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1940, to Mar 1940,
that I last saw him alive on Mar 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions _____
(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? _____

963

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

23. Signature [Signature] (M. D. certificate) _____

Address North Kansas City Date signed 4/7/40

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

24
7

Note

RECEIVED
District Health Officer No. 8,
District File Number
11-11-40
Date Filed

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.....

Harold L. Posson....., Registered Apprentice No.....

working under my personal supervision.

Signed *Harold L. Posson*

Licensed Embalmer No. 3605

P. O. Address North K. C. 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, above space should be left blank.