

Registration District No. 218

Primary Registration District No. 5297

Registrar's No. 12

1. PLACE OF DEATH

(a) County Cooper
(b) City or town Rural - Blackwater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 78 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME NANNIE-ELIZABETH TRACY

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 Albert Tracy (deceased) 6. (c) Age of husband or wife if alive ✓ years 1867
7. Birth date of deceased June 20 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 4 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Housewife

11. Industry or business UNKNOWN

12. Name Albert Tracy

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

14. Maiden name Unknown

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

16. (a) Informant W. Tracy

(b) Address Blackwater Mo

17. (a) Burial (b) Date thereof Jan 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cannons, Ill

18. (a) Signature of funeral director Hayes & Painter

(b) Address 1st St, Blackwater, Mo

19. (a) 1-24-41 (b) D. Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No near Blackwater, Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan - day 24th
year 1941 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 22
1941 to Jan 24 1941
that I last saw her alive on Jan 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Salmon pneumonia

Duration

Due to Influenza with suppurating complication
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?

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

23. Signature J. W. Hurst (M.D. or other) D.O.
Address Blackwater Mo Date signed Jan 24 41

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

7
00

Hurst

RECEIVED
District Health Officer No. 8,
File Number
2-6-41 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.....

myself....., Registered Apprentice No.
working under my personal supervision.

Signed *Robert L. Painter*

Licensed Embalmer No. *4069*

P. O. Address *Pilot Grove, 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.