

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 337

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 315 East Short.
(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 Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 315 East Short.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME CARRIE F TRACY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tom Tracy 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec. 2 - 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

MOTHER FATHER
11. Industry or business _____
12. Name Samuel J. Campbell
13. Birthplace no record Virginia
(City, town, county) (State or foreign country)
14. Maiden name Jane Williamson
15. Birthplace no record Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant J. Tom Tracy
(b) Address 315 East Short

17. (a) Burial (b) Date thereof 12/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Ch. Cem

18. (a) Signature of funeral director George C. Curran
(b) Address Independence, Mo.

19. (a) Jan 23 1942 (b) T. L. Book
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1941 hour 1 a minute 0 M.
21. I hereby certify that I attended the deceased from Sept 12
1941 to Dec 21, 1941
that I last saw her alive on Dec 20, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of Cervix
for about 1 year

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: ASA
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? _____ (e) Means of injury _____
23. Signature F. J. Book (M. D. or other) _____
Address Independence Date signed Jan 22 1942

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

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.....

Dian Owens

Registered Apprentice No. *283*

working under my personal supervision.

Signed

Lloyd C. Carson

Licensed Embalmer No. *4199*

P. O. Address

Independence,

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.