

No. 2
-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42739
State File No. _____
Registrar's No. 137

FILED JAN 10 1944

Registration District No. 164

Primary Registration District No. 3022

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
214 Broad Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years _____ (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 214 Broad
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINTED FULL NAME Mary Louvinia Redford Tracy
3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife F. F. Tracy 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased April 6 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 3 hr. _____ min.

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

10. Usual occupation Housewife
11. Industry or business Home

MOTHER FATHER { 12. Name A. J. Redford
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hammond
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. N. Johnson
(b) Address Warrensburg
17. (a) Burial (b) Date thereof Dec. 21
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Cem

18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg, Mo
19. (a) Dec 21, 1943 (b) Leola M Williams
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 19
year 1943 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 5
1940 to April 19 1943;
that I last saw her alive on April 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regeneration 13 yr
Due to Rheumatoid Arthritis 20 yr
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 928
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 John Williams (M. D. or other)
Address Warrensburg Date signed 12/21/43

1601 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8.

District File Number _____
Date Filed 1-2-44

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 _____

S. R. Sweeney, Registered Apprentice No. 1121
working under my personal supervision.

Signed S. R. Sweeney

Licensed Embalmer No. 1121

P. O. Address Warrensburg

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.