No. 2
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1488

FILED FEB 6 1945

Registration District No. 19

Primary Registration District No. 1002.

Registrar's No. 377

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Josephs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
In this community 38 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2601 AMIE COURT
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr ELI JAMES TRACEY
3. (b) If veteran, name war No
3. (c) Social Security No. 495-05-4868

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. HARRIETT TRACEY
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased SEPTEMBER 25 1876 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 27 If less than one day hr. min.

9. Birthplace CARROLL COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation MAINTENANCE MAN
11. Industry or business D.W. STIPE APARTMENTS
FATHER
12. Name ELIJAH W. TRACEY
13. Birthplace ST JOE COUNTY (City, town, or county) INDIANA (State or foreign country)
MOTHER
14. Maiden name SARAH A. MEYE
15. Birthplace SLARK COUNTY (City, town, or county) OHIO (State or foreign country)
16. (a) Informant Mrs Harriet Tracey
(b) Address 2601 Amie Court
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington
18. (a) Signature of funeral director D. H. Heirsomer's Sons
(b) Address 1401 BRUSH CREEK BLDG.
19. (a) 1-23-45 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 22ND year 1945 hour 1 minute 55 A.M.
21. I hereby certify that I attended the deceased from 1-14 1945 to 1-22 1945; that I last saw him alive on 1-21 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Duration 1 week)
Due to Arterio sclerosis (Duration years)
Due to Hypertension (Duration years)
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address KC MO Date signed 1-22-45

(Licensed Embalmer's Statement on Reverse Side)

1.30.5

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.....Elsear Northey

Licensed Embalmer No.....1769

P. O. Address.....Kansas City

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

If this body is not embalmed, fact should be so stated above.