

FILED APR 17 1945
Registration District No. 179

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 month Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month
(Specify whether in hospital or institution)

In this community ~~1 month~~ 1 month
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Jackson City Concordia
(If outside city or town limits, write "RURAL")

(d) Street No. 48
(If rural, give location)

(e) Citizen of foreign country? No
(Yes or No)

If yes, name country USA

3. (a) PRINT FULL NAME Mrs Laura Tracy

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fe! 5. Color or race W

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

6. (b) Name of husband or wife CHARLES TRACY

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased SEPT 15 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>4</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace JOHNSON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name JOHN Mc DOWELL

13. Birthplace JOHNSON COUNTY MO
(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 BUFFORD TRACY

(b) Address MAYLEW MO

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

(b) Date thereof MARCH 30 1945
(Month) (Day) (Year)

(c) Place: burial or cremation MOUNT TABOR

18. (a) Signature of funeral director Samuel Meyers

(b) Address 2315 Genesee

19. (a) 3-30-45
(Date received local registrar)

(b) Holmes
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25
year 1945 hour 12 M. Mid

21. I hereby certify that I attended the deceased from 2-25-45
to 3/25 1945

that I last saw her alive on 3/25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Coronary Atherosclerosis
of the posterior
bladder

Due to gall stones

Due to _____

Other conditions 1315
(Include pregnancy within 3 months of death)

Major findings: (3) gall stones

Of operation _____

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)

Means of injury _____

23. Signature Walter Holmes
(M. D. or other)

Address 1132 W. of 12th Date signed _____

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.....

Roy E. Snow

Licensed Embalmer No. *2560*

P. O. Address..... *2315 Lincoln*

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.