

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

137730

State File No. _____

FILED MAY 27 1948
Registration District No. _____

Primary Registration District No. 5640

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(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 Lafayette
(c) City or town Higginsville Rural
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Ellen Tracey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Burdette Tracey 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 17 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Jesse Pratt

13. Birthplace Howell Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Anna Elizabeth Pratt

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

16. (a) Informant Margaret Driscoll

(b) Address Swiss Camp, Mo.

17. (a) Interred (b) Date thereof 4-13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martin Cemetery
(d) Signature of funeral director E. J. Mowers
(e) Address Higginsville Mo.
(f) Date received local registrar Apr. 15 1948 (g) Clayton M. Lankum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1946 hour 9 P.M. minute 20 M.

21. I hereby certify that I attended the deceased from JAN 15 1946
to APRIL 12 1946
that I last saw her alive on April 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY HEMORRHAGE
Due to CHRONIC HYPERTENSIVE HEART DISEASE - YEARS
Due to ARICULAR FIBRILLATION

Duration
3 days
years

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

Major findings:
Of operations 950
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) _____ (e) Means of injury _____

23. Signature Ernest M. Mowers (M. D. or other) M.D.
Address Higginsville Mo. Date signed April 12 1946

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
126534

OFF
- MAY 20 1946

Director
Bureau No. J-3-46

MAY 21 1946

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 F. Wiegert
Licensed Embalmer No. 2883
P. O. Address Higginsville

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.