

FILED SEP 16 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1024

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 81 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1502 1/2 So 12th St
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Edward Tracy

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29, 1865
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>81</u> | <u>1</u> | <u>4</u> | _____ hr. _____ min. |

9. Birthplace St. Joseph, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name James Tracy

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

14. Maiden name Catherine Monahan

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

16. (a) Informant Mrs Irene Bullmaster

(b) Address 1502 1/2 So 12th St, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9-5-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) Sept 12, 1946 (Date received local registrar) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
 year 1946 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 4-17-42
4-17-42, 19____, to 9-3-46, 19____;
 that I last saw h_____ alive on 9-3-1946, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Leukemia, Chronic - Aleukemia
Arteriosclerosis, general

Duration
5-ylrs
10-ylrs

Due to _____

Due to _____

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature W. M. [Signature] (M. D. or other)

Address Kirkpatrick Bldg. Date signed 9/4/46

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

2848A

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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..... *Victor J. Barry*

Licensed Embalmer No. *4212*

P. O. Address. *St Joseph mo.*

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.