

FILED OCT 24 1946 STANDARD CERTIFICATE OF DEATH

State File No. 32568

Registration District No. 1

Primary Registration District No. 5000

Registrar's No. 388

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

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Bural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7 miles S.E. of Kirksville, Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 9 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. Bathwell Hotel  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALBERT NEWTON TRACY

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

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

6. (b) Name of husband or wife Elsie 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: July (Month) 8 (Day) 1894 (Year)

8. AGE: Years 52 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation Hotel Manager

11. Industry or business \_\_\_\_\_

12. Name John T. Tracy

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

14. Maiden name Aura Cunningham

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

16. (a) Informant Elsie Tracy  
(b) Address Kirksville, Mo. P.O.

17. (a) Burial (b) Date thereof 10-15-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Hills

18. (a) Signature of funeral director Summers + Powell  
(b) Address Kirksville, Missouri

19. (a) 10-17-46 (b) Nate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13  
year 1946 hour 10:00 minute A.M.

21. I hereby certify that I attended the deceased from Oct 10  
1946 to Oct 13 1946  
that I last saw him alive on Oct 13 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy \_\_\_\_\_

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 0

23. Signature H.M. Humphrey (M. D. or other) MD

Address Brashear, Mo. Date signed 10-14-46

RECEIVED  
District Health Officer No. 10  
District File Number 12-46-1955  
Date Filed OCT 23 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 *W. C. Summers*

Licensed Embalmer No. *2159*

P. O. Address *Nixsviller*

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.