

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED APR 14 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **484**

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

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:
6408 Sherman St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 41 years (Specify whether 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")
6408 Sherman St. 3
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN E TRACY
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAR. day 31
 year 1947 hour 8:35 minute A M.

4. Sex Male 5. Color of race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Ruth
 6. (c) Age of husband or wife if alive 68 years

21. I hereby certify that I attended the deceased from March 7, 1947, to March 31, 1947;
 that I last saw him alive on March 27, 1947,
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: February 12, 1871
(Month) (Day) (Year)

Immediate cause of death: Several Carcinomatosis
 Due to Probably started as Carcinoma of head of pancreas

8. AGE: Years 76 Months 1 Days 19
 If less than one day _____ hr. _____ min.

Other conditions (tablets, pregnancy within 3 months of death): Jam dice
 Major findings: Large mass adherent to the liver.

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

Physician: W. J. [Signature]
 Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Butcher
 11. Industry or business Swift & Co.
 12. Name Leonard Tracy
 13. Birthplace Unknown
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Tracy (wife)
 (b) Address 6408 Sherman St. City
 17. (a) Burial (b) Date thereof 4/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Auburn Cemetery

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? _____

18. (a) Signature of funeral director [Signature]
 (b) Address 6054 Pryor Ave, City
 19. (a) 4-9-47 (Date received local registrar) (b) W. B. Jenkins (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature [Signature] (M. D. or other)
 Address St. Joseph, Mo. Date signed 4/1/47

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, ~~only~~.....

Roland W. Clark

Registered Apprentice No. 503

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. 8986

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.