

Registration District No. **200**

Primary Registration District No. **3041**

1. PLACE OF DEATH:

(a) County **Macon**
(b) City or town **Macon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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 **Macon** **61**
(c) City or town **Macon** **9**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) **2**
(e) Citizen of foreign country? **Yes** (Yes or No) **3**
If yes, name country **England**

3. (a) PRINT FULL NAME **Emma Tracey**

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

4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **5 22 1854**
(Month) (Day) (Year)

8. AGE: Years **93** Months **2** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER, FATHER { 12. Name **Edwin Foster**
13. Birthplace **England** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Degano**
15. Birthplace **England** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fred Llewellyn**
(b) Address **Macon, Mo.**

17. (a) **Burial** (b) Date thereof **8 2 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bevier, Mo**

18. (a) Signature of funeral director **Albert Shinner**

(b) Address **Macon, Missouri**

19. (a) **8-18-47** (b) **Paul M Neely**
(Date received local registrar) (Registrar's signature) **1947**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29**
year **1947** hour **6** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Oct 25**
1946 to **July 29**, 19**47**
that I last saw her alive on **July 25**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Natural infirmities of old age** Duration **Seven months**

Due to _____

Due to _____

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

Major findings: **107 B**
Of operations _____
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) (e) Means of injury **0**

23. Signature **Hovvedrich** (M. D. or other) **0**

Address **Macon** Date signed **8/21/47**

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

RECEIVED
District Health Office No. 10
District File Number 9-47-1132
Date Filed AUG 25 1947

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.....

Thos. L. Roth

....., Registered Apprentice No. *37*

working under my personal supervision.

Signed..... *Albert Hinner*

Licensed Embalmer No. *731*

P. O. Address..... *Mason 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.