No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30493

FILED SEP 29 1947

Registration District No. 42 — Primary Registration District No. 5125 — Registrar's No. 1143

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (rural) Center Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. # 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. # 6,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Floyd Tracy
3. (b) If veteran, name war: None
3. (c) Social Security No.: 487-05-1112

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Elizabeth
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: April (Month) 3, (Day) 1901 (Year)

8. AGE: Years 46 Months 5 Days 20 — If less than one day ..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: Stationary Engineer
11. Industry or business: Swift & Co.

FATHER
12. Name: John E. Tracy
13. Birthplace: Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Smith
15. Birthplace: Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant: Elizabeth Tracy (wife)
(b) Address: R.F.D. # 6, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cem.
18. (a) Signature of funeral director: John E. Kupp
(b) Address: 6054 Pryor Ave., City
19. (a) 9-24-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23, year 1947 hour 2 minute :55 P. M.

21. I hereby certify that I attended the deceased from Sept 16, 1947, 1947, to SEPT 23rd, 1947 that I last saw him alive on Sept 21, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malignant Hypertension History date in excess of 1 year	Unknown back
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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)
While at work? (e) Means of injury

23. Signature: Irwin L. Rosenthal (M. D. ~~or other~~) MD
Address: St. Joseph Mo Date signed 9/24/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Roland D. Clark Registered Apprentice No. 503 working under my personal supervision.

Signed: John E. Riehl

Licensed Embalmer No. 3986

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.