V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41489

Registration District No. 132 Primary Registration District No. 5476 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Rural - Lincoln
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Spickard R-7 D#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 81 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40
(c) City or town Rural - Lincoln Tw
(If outside city or town limits, write "RURAL")
(d) Street No. R-7 D#1 Spickard
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rachel Legg TRACY

3. (b) If veteran, name war —
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Tracy
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 14 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Grundy Co (City, town, or county) MO. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home

FATHER
12. Name BOURTER LEGG
13. Birthplace [illegible] (City, town, or county) ILL (State or foreign country)

MOTHER
14. Maiden name CEMIRA WOODS
15. Birthplace [illegible] (City, town, or county) ILL (State or foreign country)

16. (a) Informant Verrice Tracy Tavernier
(b) Address R-7 D#1 Spickard MO.
17. (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 11-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation 1007 Cemetery Trenton MO
18. (a) Signature of funeral director [illegible]
(b) Address Trenton MO
19. (a) 11/23/47 (Date received local registrar) (b) Irene Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1947 hour 4:10 minute A M.
21. I hereby certify that I attended the deceased from Nov 16, 1947, to Nov 21, 1947
that I last saw her alive on Nov 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83A
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E W Ewing (M. D. or other)
Address Spickard Mo Date signed 11/21/47

(Licensed Embalmer's Statement on Reverse Side)

HEALTH OFFICE
Cameron, Mo.

JAN 13 19

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 Walter E. Moyer, ~~Registered~~ Apprentice No. 458, working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.