

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23687
3043

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 hrs. 20 min</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Childrens Mercy Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>104 Hort St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u>			b. (Middle) <u>Wayne</u>		c. (Last) <u>Tracy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1949</u>		
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5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>June 1, 1936</u>		9. AGE (In years) (Month) (Day) (Year) (If under 1 year, last birthday) <u>13 yrs</u>		10. IF BORN IN U.S. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Clarence Leo Tracy</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Holloway</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Holloway - 104 Hort St. Liberty, Mo</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Bulbar Poliomyelitis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bulbar Poliomyelitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0800</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from July 8, 1949 to July 8, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 7:58 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. Gilkey MD.</u>		H. M. Gilkey MD. (Degree or title)		23b. ADDRESS <u>1624 Prof Bldg</u>		23c. DATE SIGNED <u>July 8, 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Garden</u>		24d. LOCATION (City, town, or county) (State) <u>Evansville, Mo.</u>	
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DATE REC'D BY LOCAL REG <u>7-12-49</u>		REGISTRAR'S SIGNATURE <u>Braldine Delme</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carden Liberty, Mo.</u>		BUSINESS	
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(Licensed Embalmer's Statement on Reverse Side)

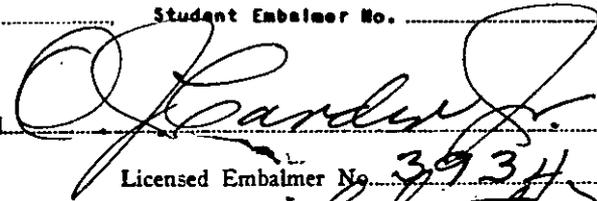
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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~~

~~working under my personal supervision.~~

Student Embalmer No.

Signed 

Signed.....
Student Embalmer

Licensed Embalmer No. 3934

P. O. Address Liberty, N.J.

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.