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7-39
X223159

Registration District No. 85

Primary Registration District No. 1001

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:
612 N. 12th Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 58 years.
years, months or days

3. (a) PRINT FULL NAME James J. Tracy

3. (b) If veteran, name war None

3. (c) Social Security No. 487-09-1577

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nelly Tracy

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September 9 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 13
If less than one day

hr. min.

9. Birthplace Ogdensburg New York
(City, town, or county) (State or foreign country)

10. Usual occupation Box Shop

11. Industry or business Armour & Co.

12. Name Andrew L. Tracy

13. Birthplace Canada Unknown Canada
(City, town, or county) (State or foreign country)

14. Maiden name Harriett McCann

15. Birthplace Unknown Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nelly Tracy

(b) Address 612 N. 12th Str. St. Joseph, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Sept. 24 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Neuman W. Spangler

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 9-22-41
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

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")

(d) Street No. 612 N. 12th Str.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 22nd
year 1941 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from August 1941 to September 22 1941
that I last saw him alive on Sept. 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to Cerebral arteriosclerosis

Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: 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 _____

23. Signature [Signature] (M. D. or other) MD

Address St. Joseph Mo Date signed 9-23-41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert C. Harrington

Licensed Embalmer No..... 3258

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.