

FILED MAR 20 1943

Registration District No.

149

Primary Registration District No.

1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4533 Olive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Years (Specify whether
In this community 13 Years years, months or days) (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Louis Aldridge Tracht

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Pearl Tracht 6. (c) Age of husband or wife if alive *** years

7. Birth date of deceased 3 25 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 109 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Simpson

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

14. Maiden name Florence

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

16. (a) Informant Fred Tracht
(b) Address 2526 Summit

17. (a) Burial (b) Date thereof 3-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C. J. Forster
(b) Address 918 Brooklyn

19. (a) 3-8-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4533 Olive
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th,
year 1943 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1/2
....., 19....., to....., 19.....;
that I last saw him alive on Feb - 23 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death 2. pneumonia of Stenococci
Duration 1 yr?

Due to 46 B

Due to Review -

Other conditions (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 Edward J. ... (M. D. or other) 0
Address 3 E. 5th Street Date signed.....

Dr. Charles Wyatt
39th. Prospect

660 W. 66th Street

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 Donald C. Browning

Licensed Embalmer No. 2724

P. O. Address R. E. no

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.