

FILED JUL 15 1944

Registration District No. _____

Primary Registration District No. 3003

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution None
In this community 8 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Jesse Tracy
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lisa Williams Tracy 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 8 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 18 If less than one day hr. _____ min.

9. Birthplace Rome - Henry Co. Iowa 1
(City, town, or county) (State or foreign country):

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name Levi Thompson Tracy
13. Birthplace Iowa 1
(City, town, or county) (State or foreign country)
14. Maiden name Jennie LeFever
15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charles Tracy

(b) Address 804 3rd St. Monett Mo

17. (a) Burial (b) Date thereof June 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Springs Barry Co. Mo

18. (a) Signature of funeral director Callaway
(b) Address Monett Mo

19. (a) June 29 1944 (b) Audna Villoughby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. 804 Third St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 15, 1943, to June 26, 1944
that I last saw him alive on June 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Myocardial Infarction

Due to Myocardial Infarction
Myocardial Infarction

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93a
Of operations _____
Of autopsy no

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 Levi Thompson (M. D. or other) MD
Address Monett Mo Date signed 6-28-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

132W

RECEIVED

District Health Officer No. 6,

District File Number 774-778

Date Filed JUL 11 1944

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 *J. P. Buchanan*
Licensed Embalmer No. *3194*
P. O. Address *9 South W.*

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.