

FILED SEP 18 1948

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3661**

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Case
(c) City or town Pleasant Hill RPHD
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Frederick Guy Tracy

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

4. Sex MO 5. Color or race Wk 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 3 (Month) (Day) (Year) 1948

8. AGE: Years _____ Months _____ Days X3 If less than one day _____ hr. _____ min.

9. Birthplace Pleasant Hill MO (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Frederick Guy Tracy

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

14. Maiden name Mattie Marie Park

15. Birthplace Pleasant Hill Mo (City, town, or county) (State or foreign country)

16. (a) Informant F G Tracy

(b) Address Pleasant Hill Mo

17. (a) Burial (b) Date thereof Sept 8, 48 (Month) (Day) (Year)

(c) Place: burial or cremation Strasburg Cem. Mo.

18. (a) Signature of funeral director W. Herpich

(b) Address Pleasant Hill Mo

19. (a) 9-7-48 (Date received local registrar) (b) W. L. Malone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from September 1 1948, to Sept 6 1948; that I last saw him alive on September 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to Prematurity

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

Duration 5 days
6 days

Major findings: Of operations 159
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 Raymond W. Latham (M. D. or other) Mo.

Address 230 W 47th Date signed 9-7-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ embalmed by me, or by.....

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

Signed *J. Virgil Herrick*
Licensed Embalmer No. *3599*
P. O. Address *Pleasant Hill*

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.