

S. No. 2
1-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31162

State File No.

FILED OCT 14 1942

Registration District No. 2297

Primary Registration District No. 6021

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Ray,
(b) City or town Grape Grove,
(c) Name of hospital or institution: Farm Home in Ray County, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Practically all His Life,
years, months or days)

3. (a) PRINT FULL NAME John Washington Racy,

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

4. Sex Male, 5. Color of race White, 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Racy, 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased October, -9th, -1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 9
If less than one day
hr. min.

9. Birthplace Pike County, Ills. / Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer,

11. Industry or business Common Laborer,

12. Name Not Known,

13. Birthplace Not Known, 9
(City, town, or county) (State or foreign country)

14. Maiden name Not Known,

15. Birthplace Not Known, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Racy

(b) Address Brazner, Mo. P#1

17. (a) Burial, (b) Date thereof Sept. -20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tinneys Grove Cemetery,

18. (a) Signature of funeral director C. P. Michael

(b) Address Brazner, Mo.

19. (a) Sept. 19-42 (b) Michael W. Hopper
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Ray,
(c) City or town Rural,
(If outside city or town limits, write "RURAL")
(d) Street No. Farm Home,
(If rural, give location)
(e) Citizen of foreign country? No, (Yes or No)
If yes name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1942 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from 1940
1940, to 1942, Sept 18, 1942
that I last saw him alive on Sept. 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration Several
years
failing
health

Due to 107

Due to 107

Other conditions hardening of arteries
(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations ✓

Of autopsy None

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.....

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 Henry H. Patterson (M. D. or other)

Address Brazner, Mo. Date signed Sept 19-1942

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

MOTHER FATHER

89
0
0

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-13-42

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

E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, 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.