

REC'D JAN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41892
Do not use this space.

4958

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 4958
(c) City K. C. Mo. (d) Street No. St. Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Eugene Desmond Lacy
(a) Residence, No. 317 West 51st Terrace St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Jess Lacy		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 15, 1871		
7. AGE	YEARS 67	MONTHS 2
	DAYS 5	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN)..... Kansas City, Mo. (STATE OR COUNTRY)		
FATHER	13. NAME Nicholas Lacy	
	14. BIRTHPLACE (CITY OR TOWN)..... Ireland (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Josephine Curran	
	16. BIRTHPLACE (CITY OR TOWN)..... Ireland (STATE OR COUNTRY)	
17. INFORMANT Mrs. Jess Lacy (ADDRESS) 317 West 51st Terrace		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec. 22, 1938		
19. FUNERAL DIRECTOR (NAME) John W. Wagner (ADDRESS) Kansas City, Mo.		
20. FILED Dec 21 1938 M. M. Brown <i>Local Registrar.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 20, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 25** to **Dec 19**, 19**38**
I last saw **him** alive on **Dec 19**, 19**38** Death is said to have occurred on the date stated above, at **4 a** m.
The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
encephalo malacia
w/h hemorrhage
Date of onset **Jan 1938**

Other contributory causes of importance: **Arteriosclerosis**
Arterial Hypertension

Name of operation **None** Date of.....
What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **Carl P. Jones** M. D.
(Address) **934 Apple Bldg**
Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X1605

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.