

REC'D SEP 20 1939

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

29190

Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 3020
(b) Township Greene Primary Registration District No. 5443 Registered No. _____
(c) City SPRINGFIELD (d) Street No. Route 1 Bois D'Arc 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 William Albert Stacey
(a) Residence, No. Route 1 Bois D'Arc Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1859
7. AGE YEARS 80 MONTHS 5 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. On Farm
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England. 4

13. NAME William Stacey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Emma Porter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Lillie Stacey
Route 1 Bois D'Arc

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Creek DATE Sept 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin Johnson
Springfield, Mo.

20. FILED 9/16 1939 Weyl. Hoy of
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1939, to Sept 9, 1939
I last saw him alive on Aug 15, 1939. Death is said to have occurred on the date stated above, at 6:35 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach 1 year

Other contributory causes of importance: 46

Name of operation Laparotomy Date of 8-10-39
What test confirmed diagnosis? Bio. ps. 1 Was there an autopsy? _____

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) Howard Johnson, M. D.
(Address) Holladay Bldg
Springfield

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.

Hogehoon
4-2-11

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..... *Lewis E. Sharpe*
Licensed Embalmer No..... *3802*
P. O. Address *Springfield, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.