

No. 2
-11-10-39
5-17-39
-1 X2142

NOV 25 1940

Registration District No. **824** Primary Registration District No. **1,289** Registrar's No. _____

1. PLACE OF DEATH

(a) County Shannon

(b) City or town Rural - Alley Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME TONA LEW STACY

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex F 5. Color or race W

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 November 27 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months 10 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Shannon Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Leo Benjamin Stacy

13. Birthplace Fredericktown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Estelle Anna Barton

15. Birthplace Eminence Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Benjamin Stacy

(b) Address Eminence, Mo - Ark Route

17. (a) burial (b) Date thereof 10-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alley Cemetery

18. (a) Signature of funeral director Gabe

(b) Address _____

19. (a) 10-27-40 (b) Frank Hyde MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon

(c) City or town Rural - Alley Township
(If outside city or town limits, write "RURAL")

(d) Street-No. Eminence Missouri
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1940 hour 9 00 PM minute _____ M.

21. I hereby certify that I attended the deceased from October 25
1940 to October 25 1940

that I last saw her alive on October 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 2 days

Due to Gastro Enteric Colitis 3 weeks

Due to _____

Other conditions (Include pregnancy within 3 months of death) 11/19

Major findings: Of operations _____

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 A E Butler MD (M. D. or other) MD

Address Salem Missouri Date signed 10-26-40

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

RECEIVED

District Health Officer No. 5,

District File Number 11901145

Date Filed _____

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.