

Registration District No. 908

Primary Registration District No. 6222

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Rural - Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 2 1/2 years - 2 mo - 3 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME WARREN WASHINGTON LACY

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Anna Lacy 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased Oct 25 1852 (Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 9 If less than one day 8 am hr. min.

9. Birthplace White Plains Ky (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Blacksmith

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Ernest E. Lacy

(b) Address Overland Park Kansas

17. (a) buried (b) Date thereof June 5 40 (Month) (Day) (Year)

(c) Place: burial or cremation Norwood Mo.

18. (a) Signature of funeral director T. B. Pauline

(b) Address Norwood Mo.

19. (a) 10-30-40 (b) Bernice Montgomery (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Norwood
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles south of Norwood
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1940 hour June minute 4 A. M.

21. I hereby certify that I attended the deceased from June 1 1940 to June 4 1940
that I last saw him alive on June 1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death 7 Hemorrhages of brain

Due to Arterial Sclerosis

Other conditions (Include pregnancy within 3 months of death) g. j. v.

Major findings: Of operations g. j. v.

Of autopsy g. j. v.

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? 831

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Vay Way (M. D. or other) _____

Address no wood Date signed _____

COPYING BLACK INK - MAKE A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 0,

District File Number 1140-2728

Date Filed NOV 4 1940

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 Ella J. Bouldin

Licensed Embalmer No. 1969

P. O. Address Norwood, 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, above space should be left blank.