

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FEB JAN 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1536**  
Registrar's No.           

Registration District No. 1 Primary Registration District No. 1

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

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Kirksville  
(c) Name of hospital or institution: 404 South Marion Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Eugene B. Lacy  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mable Clark Lacy 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased May 20 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Montgomery / Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation retired Attorney

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel Lacy  
13. Birthplace Bedford County / Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Sheppard  
15. Birthplace Nor Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable C. Lacy  
(b) Address 404 S. Marion St. Kirksville  
17. (a) burial (b) Date thereof Jan. 16 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Park Cemt.

18. (a) Signature of funeral director [Signature]  
(b) Address Kirksville, Mo.  
19. (a) Jan 18, 1941 (b) Spencer L. Freeman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Adair  
(c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 404 South Marion  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

20. DATE OF DEATH: Month Jan day 14  
year 1941 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 25, 1940 to Jan. 14, 1941  
that I last saw him alive on Jan. 14, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
Duration Begin Dec. 24, 41

Due to 82 B  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Spencer L. Freeman (M. D. or other) M.D.  
Address Kirksville, Mo. Date signed 1/17/41

SEP 25 1951

SEP 24 1951

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 Laura C. Riley  
Licensed Embalmer No. 34-07  
P. O. Address Wicksville 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.