No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22790

State File No. 0

Registration District No. 784 FILLED JUL 7 1941

Primary Registration District No. 200

Registrar's No. 1212

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution Admitted 5/29/41 (Specify whether
In this community Since 5/29/41
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 35

(c) City or town Campbell 1
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.#3 0
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Iley Lacy

3. (b) If veteran, name war World

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clora

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased November 10, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	6	28	- hr. - min.

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

10. Usual occupation Farmer

11. Industry or business -

FATHER
12. Name Robert Lacy
13. Birthplace / Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Stokes
15. Birthplace / Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks. Mo.

17. (a) Removal (b) Date thereof June 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell, Missouri

18. (a) Signature of funeral director A. Hoffmeister N-L.C.
(b) Address 7814 S. Broadway

19. (a) JUN - 9 1941 (b) [signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 41 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from May 29th 1941 to June 8th 1941
that I last saw him alive on June 8th 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis, far advanced, active.	Unknown
~~Due to~~ Contributory cause: Nephritis, chronic, parenchymatous, with edema	Unknown
~~Due to~~ and abnormal retention of nitrogen.	
Other conditions -- (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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? - (Specify type of place)

While at work? [signature] Means of injury -

23. Signature C.W. HUGHES, M.D. (M. D. or other) 0
Address Chief Medical Officer. Date signed 6/9/41

(Licensed Embalmer's Statement on Reverse Side)

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. Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Brow

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

If this body is not embalmed, fact should be so stated above.