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3-40
7-39
X23159

Registration District No. 799

Primary Registration District No. 4479

State File No. _____
Registrar's No. 30

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater Mo
(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 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Oscar Lewis Stacy

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

4. Sex male 5. Color or race White 6. (a) ~~Single~~ married

6. (b) Name of ~~wife~~ Wella Stacy 6. (c) Age of ~~husband~~ wife 66 years

7. Birth date of deceased November 12 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 24 hr. min.

9. Birthplace Keytesville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Conductor

11. DEATH OF DECEASED
12. Name Derby Stacy

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

14. Maiden name Willa

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

16. (a) Informant Wella Stacy
(b) Address Slater Mo

17. (a) Burial (b) Date thereof Oct 8 41
(Burial, ~~cremation~~) (Month) (Day) (Year)

18. (a) Signature of funeral director W. J. Alexander
(b) Address Slater Mo

19. (a) Oct 7 1941 (b) Wella Alexander
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Slater 097
(If outside city or town limits, write "RURAL")
(d) Street No. 21
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

20. DATE OF DEATH: Month 6 day Oct
year 1941 hour 8 minute 45 M.

21. I hereby certify that I attended the deceased from 6-11, 1941, to 10-6, 1941,
that I last saw him alive on 10-5, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure 5 min.

Due to Carcinoma of Stomach 6 mo.

Due to _____
Other conditions 468
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Stomach
Of operations at Mayo
Of autopsy none

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) (c) Means of injury _____
23. Signature C. A. McTurney MD
Address Slater Mo Date signed 10-7-41

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

MOTHER FATHER

FEB 6 1942

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-4-41

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.....

working under my personal supervision.

Registered Apprentice No. ✓

Signed: ✓

Licensed Embalmer No. 314

P. O. Address Slater

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.

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