

BUREAU OF THE CENSUS
FILED MAR 2 1943
Registration District No. 241

Primary Registration District No. 5829

Registrar's No. 50

1. PLACE OF DEATH:

(a) County: New Madrid
(b) City or town: Portage
(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: _____ (Specify whether)
In this community: 3 months (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid
(c) City or town: Portage, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31
year 1943 hour 7 minute 30 PM
21. I hereby certify that I attended the deceased from
Jan., 29th, 1943 to Jan., 31, 1943
that I last saw him alive on Jan., 31, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death: Broncho-pneumonia

Duration

Due to: Influenza, primarily

Due to: _____
Other conditions: None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: No
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.A. Reader (M. D. or other) _____
Address: Portageville, Mo. Date signed: 2/1/43

3. (a) PRINT FULL NAME

James Edward Lacy

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

4. Sex: Male 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: Nov 9 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace: New Madrid (City, town or county) MO. (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name: Edgar Lacy
13. Birthplace: Campbell (City, town or county) MO. (State or foreign country)
14. Maiden name: Diana Smith
15. Birthplace: Portageville (City, town or county) MO. (State or foreign country)

16. (a) Informant: Edgar Lacy
(b) Address: Portageville, Mo.
17. (a) Portageville, Mo. (b) Date thereof: 2-2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Lacy Cemetery

18. (a) Signature of funeral director: Wm C. Dean
(b) Address: Portageville, Mo.

19. (a) 2-31-43 (b) Edith Lacy
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Office No. 2,

District File Number 343-279

Date Filed 3-3-43

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 ^{mt}.....

....., Registered, Apprentice No.
working under my personal supervision.

Signed Nael C. Dean.....

Licensed Embalmer No. 3941.....

P. O. Address Portageville.....

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.