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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24259

State File No.

FILED JUL 21 19[redacted]

Registration District [redacted]5

Primary Registration District No. 5067

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Liberal, R 2 (Central twp)
(If outside city or town limits, write "RURAL" and name of township)

(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 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Liberal, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Miles East of Liberal
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Arthur Oliver Stacy

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 Single

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Aug. (Month) 29 (Day) 1867 (Year)

8. AGE: Years 75 | Months 8 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Somerfield (City, town, or county) Mich (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Wm Isaac Stacy
13. Birthplace Somerfield (City, town, or county) Mich (State or foreign country)

MOTHER
14. Maiden name Amie Field Seamans
15. Birthplace Providence (City, town, or county) R.I. (State or foreign country)

16. (a) Informant Jennie Stacy
(b) Address Liberal Mo R. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Barton City Cemetery

18. (a) Signature of funeral director J. M. Berkey
(b) Address Mulberry Kansas

19. (a) 6-5-43 (Date received local registrar) (b) Martha River (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1943 hour three minute A. M.

21. I hereby certify that I attended the deceased from Mar 8, 43, 19..., to May 27, 1943; that I last saw him alive on May 27, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to 0

Due to 0

Other conditions 0
(Include pregnancy within 3 months of death)

131 b

Major findings:
Of operations 0

Of autopsy 0

Duration

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)

While at work? 0 (e) Means of injury 0

23. Signature A. G. Eddleman (M. D. or other)

Address Liberal Mo Date signed 5/24/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 743-895
Date Filed JUL 20 1943

Wm. Raymond Pierce

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 Mae A. Berkey

Licensed Embalmer No. 2943

P. O. Address Mulberry, Kansas

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.