

S. No. 2
M-243
5-17-39
PI X35597

22237

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED JUL 11 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1810 South Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1810 South Harrison
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Grace Frances Lacey

3. (b) If veteran, none name war _____
3. (c) Social Security none No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Roy Lacey
6. (c) Age of husband or wife if deceased 26
7. Birth date of deceased September 26, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 22
If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER {
12. Name John D. Walkup
13. Birthplace unknown, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Lacey Raines (daugh.)
(b) Address Rt. 2, Nelson, Missouri

17. (a) Burial (b) Date thereof 6/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Caring Funeral Home
(b) Address Sedalia, Missouri

19. (a) 6/20/44 (b) Mrs. Anna Singer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1944 hour _____ minute _____ M.

21. I hereby certify that I examined the deceased from June 18 1944 to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in bed. Evidently from some heart ailment or coronary insufficiency
Due to _____
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 M. T. Bush of Coronet
Address Sedalia Mo. Date signed 6-20-44
While at work? _____ (Specify type of place)
(e) Means of injury 3
(M. D. or other)

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

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6
4

Dr. Bishop

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 1-10-44

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 *Duane Ewing*.....

Licensed Embalmer No. *3847*.....

P. O. Address *Sedalia 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.