V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1944

Dr Urban

State File No. 25856

Registration District No. 333 Primary Registration District No. 3024 Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL") 2
(d) Street No. 823 Matthews Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Patrecia Annette Lacy

3. (b) If veteran, name war X

3. (c) Social Security No. 333-05-8980

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife James E.Lacy

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased 5 (Month) 3 (Day) 1916 (Year)

8. AGE: Years 28 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Mercer (City, town, or county) Penn. 1 (State or foreign country)

10. Usual occupation Book Keeper

11. Industry or business Kewanee Lumber Co.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant James E.Lacy
(b) Address Sikeston Mo.823 Matthews Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/44 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director H.W.Albritton
(b) Address Sikeston Mo.

19. (a) 8/6/44 (Date received local registrar) (b) Louie Lasgent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 1944 hour 5 minute 10 a.M.

21. I hereby certify that I attended the deceased from 5-9-44, 19 to 5-14, 1944 that I last saw her alive on 5-14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Hyperactive Thyroid (Graves Disease)

Due to

Other conditions Malaria - acute attack.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 28d
Of autopsy

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) —
(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? — (e) Means of injury 0

23. Signature E. D. Urban (M. D. or other)
Address Sikeston, Mo. Date signed 5/15/44

1318 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 244-1095
Date Filed 8-10-44

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

Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed John Alcorton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.