

UNITED STATES DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

27001

FILED SEP 7 1944
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3430

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 501 East Armour
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY W. STACY

3. (b) If veteran, name war No 3. (c) Social Security No. 486-05-9098

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Flores Stacy 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased February 9 - 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation Personnel Dept.

11. Industry or business Founder for Merc. C.

12. Name Louis Stacy

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

14. Maiden name Harnett Bryant

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

16. (a) Informant Mrs. Flores Stacy

(b) Address 501 East Armour

17. (a) Removal (b) Date thereof Aug 26, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leeton, Missouri

18. (a) Signature of funeral director B. B. Brunninger

(b) Address Leeton, Missouri

19. (a) 8-20-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 501 East Armour
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1944 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from August 16 to 8-20 1944 that I last saw him alive on August 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to Arteriosclerosis

Due to

Other conditions 94a
(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? no

While at work? (Specify type of place) (e) Means of injury

23. Signature Charles J. Hibbard (M. D. or other)

Address Bethany Hospital Date signed 8-20-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

351

Kansas City, Kansas

OCT 22 1949

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 *Clarence H. Hays*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.