

S. No. 2  
M-5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37076

State File No. ....

FILED DEC 12 1945

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 38

1. PLACE OF DEATH:

(a) City KENNETT, MO.  
(b) WARDELL  
(c) Name of hospital or institution: PRESNELL HOSPITAL  
(d) Length of stay: In hospital or institution 8 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Wardell  
(d) Street No. ....  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME NADINE LACY

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

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife John Lacy 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Dec 1926  
(Month) (Day) (Year)

8. AGE: Years 18 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Flomence Ala.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business .....

12. Name Jim Riener

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

14. Maiden name Unknown

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

16. (a) Informant John Lacy

(b) Address Wardell Mo.

17. (a) Burial (b) Date thereof Nov. 8 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell Mo

18. (a) Signature of funeral director Wardell Funeral Director  
(b) Address Wardell Mo.

19. (a) 11-23-1945 (b) Carl Husband  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7  
year 1945 hour 2 minute 10 p. M.

21. I hereby certify that I attended the deceased from 10-31, 1945, to 11-7, 1945  
that I last saw her alive on 11-7, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Fruit & second degree burns

Due to Causing 90% of body

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

Major findings: Of operations 18 14  
Of autopsy .....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident no  
(b) Date of occurrence 10-31-45

(c) Where did injury occur? Wardell, Pemiscot Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

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

23. Signature L.C. Wilson (M. D. or other) MD  
Address Kennett, Mo. Date signed 11-8-45

Duration  
Underline the cause to which death should be charged statistically.

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

5  
2  
2

1544

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Office No. 2,  
District File Number 1345-3357  
Date Filed 12/6/45

APR 8 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.....  
.....  
working under my personal supervision.

Registered Apprentice No. ....  
Signed *Leonard J. Yargo*  
Licensed Embalmer No. *4236*  
P. O. Address *Castagnerville, 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.