S. No. 2
OM—2-43
v. 5-17-39
I 35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 378702

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 107

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti Little Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home R. R. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community About 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Hayti Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Lee Lacewell
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hettie Lacewell
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June (Month) 9, (Day) 1885 (Year)

8. AGE: Years 61 Months 5 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace Cash, (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Wiley Lacewell
13. Birthplace Sharp, Co., (City, town, or county) Arkansas (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Roy Medlin
(b) Address Caruthersville, Mo. R.R.1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Cemetery
18. (a) Signature of funeral director H. S. Smith Funeral Home
(b) Address Caruthersville, Mo.
19. (a) 11-18-46 (Date received local registrar) (b) Tressie B. Wilks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10 year 1946 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from August 5, 1946, to Nov 10, 1946, that I last saw him alive on Nov 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	6 mo.
Due to Hypertension	3 yrs.
Due to Chronic Nephritis	5 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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
23. Signature A. C. Castles (M. D. or other) M.D.
Address Caruthersville, Mo. Date signed 11/15/46

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(Licensed Embalmer's Statement on Reverse Side)

11-46-238

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 Jack H. Riggins, Registered Apprentice No. 407, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Gaithersville, Md.

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.