

Registration District No. 52

Primary Registration District No. 5183

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural Byrd Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles East of Jackson, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
(c) City or town Rural Byrd Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles East Jackson, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Alphonso Lacey

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased June 22 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 19 If less than one day hr. — min. —

9. Birthplace Jackson Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

MOTHER FATHER { 12. Name James Lacey
13. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ardena Bell
15. Birthplace Owensboro Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Lacey
(b) Address Jackson, Mo
17. (a) Burial (b) Date thereof 3-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director J. B. Sisk
(b) Address Jackson, Mo
19. (a) 3-14-47 (b) D. B. Sisk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1947 hour 5:00 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 4th
1947 to March 11th 1947
that I last saw him alive on March 11th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
Due to: Amyotrophic Lateral Sclerosis

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

Major findings: Of operations —
Of autopsy —

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? _____

While at work _____ (Specify type of place) _____
Stems of injury 2
23. Signature Robert L. Tindall (M. D. or other) M.D.
Address Jackson, Mo Date signed 3/14/47

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

RECEIVED

Health Officer No. 4

Number 347-377

3-20-42

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 Gene C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.