

S. No. 2
 OM-5-43
 v. 5-17-39
 X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED MAY 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

16570

State File No. _____
 Registrar's No. 630

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jerome Hotel 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community About 16 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan 11
 (c) City or town St. Joseph 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 416 Francis St. 7
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country *

3. (a) PRINT FULL NAME George Herbert Lacey
 3. (b) If veteran, name war None
 3. (c) Social Security No. 491-24-7177

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 5
 year 1947 ^{hour} 11 ^{minute} 50 P.M.
 21. I hereby certify that I attended the deceased from May 6th 47
 19 to 19
 and that death occurred on the date and hour stated above.

4. Sex Male C 5. Color or race White
 6. (a) Single, widowed, married, divorced, Unknown
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive * years
 7. Birth date of deceased January 3 1879
 (Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
 Duration

8. AGE: Years Months Days If less than one day
 68 4 2 hr. min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy

9. Birthplace Segreok Indiana
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 J.H.A.

10. Usual occupation Attendent, Pool Hall

11. Industry or business Spinning Wheel Tavern

12. Name Unknown

13. Birthplace Unknown Unknown 7
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. L. Cox

(b) Address 408 Francis St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 8, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Norman W. Anderson

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 5-9-45 (b) J.C. Anderson
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 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) (e) Means of injury 3

23. Signature B. W. Tadlock Coroner
 (M. D. or other)

Address KING HILL BLDG St. Joseph, Mo. Date signed 5/14/47

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

MOTHER FATHER

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 James M. DeClanahan, Registered Apprentice No. 4 86,
working under my personal supervision.

Signed

Robert H. Gable

Licensed Embalmer No.

3308

P. O. Address

St. Joseph, 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.