

No. 2  
12-45  
17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19770  
Registrar's No. 1063

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 2/25/47  
8 years (Specify whether years, months or days)  
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Farmington  
(If outside city or town limits, write "RURAL")  
(d) Street No. None  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME STACY, James F.

3. (b) If veteran, name war World I  
3. (c) Social Security No. 493 07 3456

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bertha Stacy  
6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased August 16, 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 6 20 2 hr. 00 min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Lishe Stacy  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice Barnes  
15. Birthplace Golconda, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Vet. Adm. Hospital, Registrar  
(b) Address Jefferson Barracks, Missouri

17. (a) BURIAL (b) Date thereof 3-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation FARMINGTON, Mo

18. (a) Signature of funeral director Miller Funeral Home  
(b) Address Farmington, Missouri

19. (a) 5-26-47 (b) L. E. Stilwell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9  
year 1947 hour 02:00 minute 00 A.M.

21. I hereby certify that I attended the deceased from February 25, 1947, to March 9, 1947;  
that I last saw him alive on March 9, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL THROMBOSIS  
Duration UNK.

Due to 836

Due to  
Other conditions PULMONARY HYPERTENSION UNK.  
(Include pregnancy within 3 months of death)

Major findings: No Operation  
Of operations  
Of autopsy No Autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

(c) Accident, suicide, or homicide (specify) No  
(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) 0  
While at work? (a) Means of injury

23. Signature L. E. Stilwell (M. D. or other)  
L. E. STILWELL, M.D.  
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 3-10-47

**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.....

*Ronald Yahrke*

Licensed Embalmer No. *3917*

P. O. Address *4355 Washington*

**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.**