

FILED MAY 26 1948

State File No. _____

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Versailles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 5 MONTHS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
(c) City or town Versailles 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Ethan Hannibal Lacy

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Addie Lacy 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased March 28, 1859
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name E. B. Lacy 9
13. Birthplace No Record No Record
(City, town, or county) (State or foreign country)
14. Maiden name Martha Newell 2
15. Birthplace No Record No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Lola Foster
(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof May 19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director N. F. Gentry

(b) Address Versailles, Mo.

19. (a) 5/22/48 (b) J. L. Waalsh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1948 hour 9 minute 15 p. m.

21. I hereby certify that I attended the deceased from Jan 1, 1948 to May 17, 1948
that I last saw him alive on May 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial sclerosis embolism

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 97

Duration _____
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) (e) Means of injury 0

23. Signature A. J. Gentry (M. D. or other) _____

Address Versailles, Mo. Date signed 5/19/48

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

MOTHER FATHER

RECEIVED

District Health Officer No.

District File Number 4-48-5

Date Filed 5-24-58

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

Raymond Forber

Registered Apprentice No. 212

working under my personal supervision.

Signed J. F. Knull

Licensed Embalmer No. 1596

P. O. Address Visalia Ca

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.