

S. No. 2
1-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27031**

FILED SEP 14 1948
Registration District No. **229**

Primary Registration District No. **2043**

Registrar's No. **287**

1. PLACE OF DEATH:

(a) County **Marion**
(b) City or town **Harrison**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **328 CYPRESS ST**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)

In this community.....
years, months or days

3. (a) PRINT FULL NAME **Lucille Lacy**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **F. T. M. K.** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **March 8 1875**
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **20** If less than one day hr. min.

9. Birthplace **Liver Pool** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

12. Name **Henry Whitehead**

13. Birthplace **England** (City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Guthrie**

15. Birthplace **Engl.** (City, town, or county) (State or foreign country)

16. (a) Informant **Thelma Carenen**

(b) Address **328 Cypress Street, Harrison, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 31-48** (Month) (Day) (Year)

(c) Place: burial or cremation **MT Olive Cemetery**

18. (a) Signature of funeral director **James O'Donnell**

(b) Address **Harrison, Mo**

19. (a) **9-7-48** (Date received local registrar) (b) **E. M. Duke** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**
(c) City or town **Harrison**
(If outside city or town limits, write "RURAL")
(d) Street No. **328 Cypress St**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **28** year **1948** hour **-** minute **7:50 P.M.**

21. I hereby certify that I attended the deceased from **July 1**, 19**48** to **August 28**, 19**48**
that I last saw her alive on **August 27**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Atherosclerosis Heart Disease** Duration **10 years**

Due to **Senility**

Due to.....

Other conditions **Chl. hepatitis**
(Include pregnancy within 3 months of death) **5 years**

Major findings: Of operations **191B**

Of autopsy.....

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 **Robert Manning** (M. D. or other)

Address **Harrison, Mo** Date signed **9/8/48**

WRITE PLAINLY—USING 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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed *Michael J. Donnell*.....

Licensed Embalmer No. *3246*.....

P. O. Address *Hannibal 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.