FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 14 1948

Registration District No. 267

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5906

State File No. 27225

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town ~~xxxxx~~ Wardell Little River twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home Rural Route 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community Life-time

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Wardell Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 0

(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FLOYD LACEY

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased January (Month) 31, (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
1	6	19	hr. min.

9. Birthplace Wardell, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation X

11. Industry or business X

FATHER

12. Name Cleve Lacey

13. Birthplace New Madrid, Co., (City, town, or county) Mo. 0 (State or foreign country)

MOTHER

14. Maiden name Thelma Allmon

15. Birthplace Beuraguard Parish, (City, town, or county) La. 1 (State or foreign country)

16. (a) Informant Cleve Lacey

(b) Address Wardell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation Wardell, Mo.

18. (a) Signature of funeral director Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 9-9-48 (Date received local registrar) (b) John W. German (Registrar's signature) 4 A 0

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 20 year 1948 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from Aug 6, 19..., to Aug 7, 19...; that I last saw him alive on Aug, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Colitis	2 Week
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] 0 (M. D. or other)

Address Wardell Date signed Aug 26

(Licensed Embalmer's Statement on Reverse Side)

9-48-260

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 Body was not embalmed, Registered Apprentice No. working under my personal supervision.

Signed James A. Osborn

Licensed Embalmer No. 4185

P. O. Address Greenhorsville, M

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.