No. 2
1/47
17/39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 2 1948
Registration District No. 340

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35342
Primary Registration District No. 6151
Registrar's No.

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Early May Lacy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Denver Lacy
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 8 (Month) 31 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	0	9	hr. min.

9. Birthplace Decatur Co. (City, town, or county) Tenn. / (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name S. A. Bohannon
13. Birthplace Decatur Co. (City, town, or county) Tenn. / (State or foreign country)
MOTHER
14. Maiden name Cordelia Bratt
15. Birthplace Decatur Co. (City, town, or county) Tenn. / (State or foreign country)
16. (a) Informant Denver Lacy
(b) Address Charter Oak Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Matthews, Mo.
18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston, Mo.
19. (a) 10-5-48 (Date received local registrar) (b) VELMA V. JENKINS (Registrar's signature) 409

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10
year 1948 hour 6 minute p.M.
21. I hereby certify that I attended the deceased from 1-1 1948, to 9-10 1948;
that I last saw her alive on 9-10 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Bladder	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 52 B	
Of autopsy	

PHYSICIAN
Underline the cause of 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? 0 (Specify type of place)
While at work? (e) Means of injury
23. Signature S. M. Sarno (M. D. or other M. D.)
Address Morehouse, Mo. Date signed 9-13-48

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

Jefferson City Printing Co. By M.B.W. (Licensed Embalmer's Statement on Reverse Side)

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 John Allutton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.

No. 2B
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I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Nov

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 59

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Early May Tocy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 31 (Day) 1888 (Year)

8. AGE: Years 60 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Housewife

FATHER
12. Name S.A. Bohannon
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Cordelia Bratt
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Denver Tocy
(b) Address Charter Oak Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 9-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Matthews Mo

18. (a) Signature of funeral director A. W. Albertson
(b) Address Sikeston Mo.

19. (a) 10-5-48 (Date received local registrar) (b) Velma V. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 10
year 1948 hour minute M.

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

	Duration
Immediate cause of death Carcinoma of Bladder	1 yr.
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 S. M. Sarn (M. D. or other)
Address Marlhouse Date signed 9-13-48

S-35342