S. No. 2
M—5-43
. 5-17-39
I X35671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42143

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 254

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
462 South Carroll 1
(If not in hospital or institution, write street number or location)

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

In this community All Her Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall 2
(If outside city or town limits, write "RURAL")

(d) Street No. 462 South Carroll
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Luxora Margaret Lacy

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William Horace Lacy

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

7. Birth date of deceased September 15 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	2	26	hr. min.

9. Birthplace Springfield (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ! ! ! !

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 0 (State or foreign country)

16. (a) Informant Fisher Lacy
(b) Address Marshall, Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Gressley
(b) Address Marshall, Mo.

19. (a) Dec. 13-1948 (Date received local registrar) (b) Beulah F. Gray (Registrar's signature) 235

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1948 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 9 (only) 19 48 to 19 that I last saw her alive on Thur. Dec 9 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	2 wks
Pneumonia, hypostatic	3 days
Due to Arteriosclerosis, General	Years
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 0

23. Signature C. L. Veatch (M. D. or other) MD
Address Marshall, Mo. Date signed 12/13/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-30-48

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 J. Leslie Swaney

Licensed Embalmer No. 3235

P. O. Address Marshall, Ind

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.