

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 1019 E. 32nd TERR.	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) EARL	c. (Last) STACY	4. DATE OF DEATH (Month) (Day) (Year) JANUARY 1, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 23, 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY ADVERTISING	11. BIRTHPLACE (City and State or Foreign Country) LINCOLN, NEBRASKA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME PATRICK H. STACY	13b. MOTHER'S MAIDEN NAME MAGGIE MC CARTHY	14. NAME OF HUSBAND OR WIFE NELLIE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. WW I 489-20-5933	17. INFORMANT'S SIGNATURE OR NAME Official Records, VA Hospital, K.C., Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma, left lung	ANTECEDENT CAUSES		12 months
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. Bilateral broncho pneumonia		162 1/2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 28**, 19 **55**, to **Jan 1**, 19 **56**, and that death occurred at **12:05A** m., from the causes and on the date stated above.

23a. SIGNATURE Marvin R. Gunn M.D.	(Degree or title) D	23b. ADDRESS VA Hospital, K.C., Mo.	23c. DATE SIGNED 1-1-56
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24a. BURIAL CREMATION (Specify) BURIAL	24b. DATE JAN 4, 1956	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) 7th LEAVEN WORTH, KANSAS
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DATE REC'D BY LOCAL REG. 1-3-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMERS SONS	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Marvin R. Gunn

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John B Lewis*.....
Licensed Embalmer No. *48*

P. O. Address: *KC Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.