

SEP 2 1943
Registration District No. **274**

Primary Registration District No. **6275**

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

1. PLACE OF DEATH:
 (a) County Worth
 (b) City or town Rural Smith
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Attentdale, Mo.
 (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) (Specify whether

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

3. (a) PRINT FULL NAME Arthur Stacy
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. - 13 - 1859
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Scott Co. Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER } 12. Name William Henry Stacy

13. Birthplace New York
 (City, town, or county) (State or foreign country)

14. Maiden name Harriet Seeking

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

16. (a) Informant Luther Stacy

(b) Address Attentdale, MO.

17. (a) burial (b) Date thereof 7-22-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fletcher Cemetery

18. (a) Signature of funeral director Arch C. Sturlee

(b) Address Springfield, MO.

19. (a) Aug. 13 - 43 (b) Arlene Seaden
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
 year 1943 hour 11 minute 55 P.M.
 21. I hereby certify that I attended the deceased from July 19 to July 20, 1943;
 that I last saw him alive on July 19, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Haemorrhage Duration 10 days

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: 83a
 Of operations _____
 Of autopsy no

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, or industrial place, in public place?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature [Signature] (M.D. or D.P.H.)
 Address [Signature] Date signed 7/26/43

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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.