

LED OCT 6 1943

Registration District No. 199

Primary Registration District No. 4515721

State File No. \_\_\_\_\_

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Callao 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 years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Callao 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 John B. 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 Married

6. (b) Name of husband or wife Stella Stacy

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased 10-25-23/1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Pumpman

11. Industry or business C.R. & R.R. Co.

12. Name Charles Stacy

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

14. Maiden name Catherine Ballinger

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

16. (a) Informant Lottie Stachner

(b) Address Macon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Int. Gion Cemetery

18. (a) Signature of funeral director J. H. Edwards

(b) Address Berks

19. (a) 9-17-1943 (Date received local registrar) (b) W. J. Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 1943 hour 7 minute 30 A.

21. I hereby certify that I attended the deceased from Sept 30 1943 to Sept 11 1943 that I last saw him alive on Sept 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Injury - Chained by falling off the bridge at Kern Mo

Due to Age 18 24

Other conditions Rupture of Blood vessel in Spinal Column Causing Paralysis (Include pregnancy within 3 months of death)

Major findings: NO operation

Of autopsy NO

Duration

8 Days

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) Accident

(b) Date of occurrence Sept 3rd - 1943

(c) Where did injury occur? Rural Macon Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work? NO (Specify type of place) (e) Means of Injury As stated above

23. Signature Dr. West (M. D. or other)

Address New Columbia Mo Date signed Sept 15 1943

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

MOTHER FATHER

1043

**RECEIVED**

**District Health Officer No. 10**

~~Deaths File Number 10-43-2267-1619~~

Date Filed **OCT 5 1943**

**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. G. Edwards*

Licensed Embalmer No. *1961*

P. O. Address *Brewer 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.**