

FILED SEP 3 1944

Registration District No. 2076

Primary Registration District No. 2076

Registrar's No. 95

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

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
129 S. Pine St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 1  
years, months or days)

3. (a) PRINT FULL NAME Howard Joseph Stacey

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 9 1944  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 3 hr. 30 min.

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

Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John W. Stacey  
13. Birth Rockville, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Herne  
15. Birthplace Nevada Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Stacey  
(b) Address 129 S. Pine St.

17. (a) Normal (b) Date thereof 8-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerpine Cemetery

18. (a) Signature of funeral director Felix Turner Horn

(b) Address Nevada Mo

19. (a) 8-18-44 (b) Hazel B. Bourck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 129 S. Pine  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9th  
year 1944 hour 11 minute 05 - M.

21. I hereby certify that I attended the deceased from at birth  
7:30 am Aug 9 1944 to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on 8:30 Aug 9 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature (Six month fetus)  
Due to Spontaneous abortion  
non-infectious

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C E Kratz DO (M. D. or other) \_\_\_\_\_  
Address Nevada Mo Date signed 8/9/44

RECEIVED

Death Certificate No. 8-44-1008

File Number 9-7-44

Date Filed 9-7-44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by not embalmed

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed L B Jones

Licensed Embalmer No. 1760

P. O. Address Merida 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.**