

FILED MAY 16 1945

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 35

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town SAVANNAH
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Dr. Nicholas SANATORIUM
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Hours
(Specify whether years, months or days)
 In this community 3 days

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

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 2nd
 year 1945 hour 5 minute 9 M.

4. Sex M
 5. Color or face W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Elizabeth Stacy
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 30 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 2 1945 to April 2 1945
 that I last saw him alive on April 2 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 10 Days 2
 If less than one day hr. _____ min. _____

Immediate cause of death Apoplexy
 Duration 12 hr

9. Birthplace Friend Nebr.
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations gsw
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Walter Stacy
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Amanda Pierce
 15. Birthplace Unknown Kans.
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Elizabeth Stacy
 (b) Address Wenatchee Wash.
 17. (a) Removal (b) Date thereof 4-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wenatchee Washington
 18. (a) Signature of funeral director C. G. Breit
 (b) Address Savannah Mo.
 19. (a) 4-3-45 (b) F. H. Fritchman
(Date received local registrar) (Registrar's signature)

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? _____ of injury _____
 23. Signature [Signature] (M. D. _____)
 Address Savannah Mo. Date signed 4/2/45

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 111
District File Number
Date Filed

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 E. C. Breit
Licensed Embalmer No. 2650
P. O. Address Savannah

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.