

FILED JUN 24 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 499

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 Minutes
(Specify whether
In this community 68 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Rural Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John H. Stacey

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy Elizabeth Stacey 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased June 8 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Summerset England
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

MOTHER FATHER { 12. Name William Stacey
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Emily Porter
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Stacey
(b) Address Rt # 4 Springfield, Mo.

17. (a) Burial (b) Date thereof 6/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 6-14-47 (b) W.E. Dunsley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1947 hour 4 minute 55p. M.

21. I hereby certify that I attended the deceased from June 12 1947 to Only 19____
that I last saw him alive on June 12 1947
and that death occurred on the day and hour stated above.

Immediate cause of death: Myocarditis, acute 6 hrs
Due to Semility
Due to _____

Other conditions: 93A
(Include pregnancy within 3 months of death)
Major findings: none
Of operations: none
Of autopsy: none

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 injury) (a) Means of injury 2
23. Signature W.H. Silsby MD (M. D. or other) MD
Address Springfield, Mo. Date signed 6/14/47

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

9
2
6

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

Walter E. Hamlett

Licensed Embalmer

3808

P. O. Address

Springfield 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.