

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

42493  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Butler Registration District No. 89  
 (b) Township Poplar Bluff Primary Registration District No. 3007  
 (c) City Poplar Bluff, Mo. (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME Lawrence Neal Lane**

(a) Residence, No. 914 Park St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 2, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. infant  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Poplar Bluff  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Lawrence Lane  
 14. BIRTHPLACE (CITY OR TOWN) Poplar Bluff  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Margaret Pond  
 16. BIRTHPLACE (CITY OR TOWN) Greenville,  
 (STATE OR COUNTRY) Illinois

17. INFORMANT Lawrence Lane  
 (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE December 23, 1938

19. FUNERAL DIRECTOR (NAME) Greer-Croy Service  
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 1/23-38 Chattanooga  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938, to Dec 22, 1938  
 I last saw him alive on Dec 22, 1938. Death is said to have occurred on the date stated above, at 10:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset 12/16/38  
Acute Pneumonia  
107K  
 Other contributory causes of importance: Pneumonia with at about 8 mo.

Name of operation: \_\_\_\_\_ Date of: \_\_\_\_\_  
 What test confirmed diagnosis? Diagnosis Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. C. Arnold M. D.  
57 (Address) Poplar Bluff, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

---

---

**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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**