

1939 APR 24 1939

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

12513
Do not use this space.

1. PLACE OF DEATH
(a) County Shelby Registration District No. 830
(b) Township Gettysburg Primary Registration District No. 4503
(c) City Shelburne (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 Edward Louis Mc Lane -
(a) Residence, No. Shelburne Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-5-1886
7. AGE YEARS 53 MONTHS - DAYS 56 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelburne Mo.
13. NAME James Mc Lane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Mary Montgomery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. Polly Mc Lane Shelburne
18. BURIAL, CREMATION, OR REMOVAL PLACE Shelburne Mo DATE 3/23/39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. L. Parkers Shelburne Mo
20. FILED March 29, 1939 Ruth Jayner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-21st 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1939, to Jan. 21 1939
I last saw h. / a. alive on Jan. 20 1939 Death is said to have occurred on the date stated above, at 3 A. M.
The principal cause of death and related causes of importance were as follows:
coronary thrombosis Date of onset Mar 21/39
946
Other contributory causes of importance: Enlarged Heart 445 yrs.
Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? no
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) R. L. Caldwell M. D.
(Address) Shelburne Mo.

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

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-245

Date Filed APR 11 1939

AUG 30 1955

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

Henry A. Parkes

Licensed Embalmer No.

3835

P. O. Address

Shelburne, 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, above space should be left blank.