

REC'D MAY 22 1939

McCrain

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

15847
Do not use this space.

1. PLACE OF DEATH
 (a) County Bell Registration District No. 705
 (b) Township S. Benton Primary Registration District No. 8934 Registered No. 8
 (c) City Halfway 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 Mary Elizabeth Lane
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jasper Lane
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1858
 7. AGE YEARS 80 MONTHS 7 DAYS 26 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Halfway Bell Mo
 FATHER 13. NAME Jesse Eason
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo known
 MOTHER 15. MAIDEN NAME Barnes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo known
 17. INFORMANT (ADDRESS) Bell Lane Halfway Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bell Cemetery 3-20 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hutchison - Blue Bolivar Mo
 20. FILED 4-3-39 Mary Gamel Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19 1939
 22. I HEREBY CERTIFY, That I attended deceased from 3/16 1939, to 3/19 1939
 I last saw him alive on 3/16 1939. Death is said to have occurred on the date stated above, at 6:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Generalized atherosclerosis
 Date of onset 1936
 Other contributory causes of importance: 97
 Name of operation _____ Date of _____
 What test confirmed 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) Dayle Williams M. D.
 (Address) J. Bolivar Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED

District Health Officer No. 7,

District File Number 7-39-777

Date Filed 5-9-39

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.....

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.