

NOV 13 1939

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 8678

1. PLACE OF DEATH: 1008
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4506a Wichita
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Eliza Jamima Laney
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife James A. Laney
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 6th 1867
 (Month) (Day) (Year)

8. AGE: Years 72 Months 17 Days 3
 If less than one day _____ hr. _____ min.

9. Birthplace Wesco, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Andrew Jackson Arthur
 13. Birthplace Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Jamima Sturgeon
 15. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. A. Laney
 (b) Address 4560a Wichita

17. (a) Burial (b) Date thereof 10-12-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesco, Mo.

18. (a) Signature of funeral director Alexander & Sons
 (b) Address 6175 Delmar Blvd

19. (a) Oct 11 1939 (b) J. J. [Signature]
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 1
 (c) City or town St. Louis 18
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4506a Wichita
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
 year 1939 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 1st 1939 to Oct 9th 1939
 and that death occurred on the date and hour stated above.
 that I last saw her alive on Oct 9th 1939

Immediate cause of death Uremia Duration 2 day
 Due to Chr. Nephritis 54 yr
 Due to Arteriosclerosis 104 yr
 Other conditions Chr. Rheumatoid Arthritis 154 yr
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

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 place)
 (e) Means of injury _____
 23. Signature W. Matlock (M. D. or other) 1939
 Address 4030 Chautau Ave Date signed 10/10/39

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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.

WHILE AT WORK USE WRITING BLACK INK—MAKE A PERMANENT RECORD

8678

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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.....

Elbert E. White

Registered Apprentice No. *209*

working under my personal supervision.

Signed.....

J. W. Binkley

Licensed Embalmer No. *3653*

P. O. Address.....

St. Louis, 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.