

DEC 22 1939

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

39853
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 402
 (b) Township Clinton Primary Registration District No. 4237 Registered No. _____
 (c) City Oak Grove 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 Sarah E. 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

3. SEX Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virgil Lane
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19th 1851
 7. AGE YEARS 88 MONTHS 6 DAYS 8 If LESS than 1 day, hrs. or min.
 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. house wife
 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) Ill.
 FATHER 13. NAME Jesse D. Van Meter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 MOTHER 15. MAIDEN NAME Elizabeth Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 17. INFORMANT (ADDRESS) Ralph Lane
Oak Grove Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 10-29-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Yorke
Oak Grove Mo.
 20. FILED Nov. 3, 1939 Mrs. O. H. Mann
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/27 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1939, to Oct. 27 1939
 I last saw her alive on Oct. 27 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
 Date of onset 1939
 Other contributory causes of importance:
High blood pressure
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? _____
 If so, specify _____
 (Signed) W. J. Johnston, M. D.
 (Address) Oak Grove 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,

Z. Webb

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Z. Webb

Licensed Embalmer No. 2352

P. O. Address Oak Grove, 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.