S. No. 2
—11-10-39
r. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5292

FILED MAR 11 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 517

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 Days (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3732 East 10th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ------ years.

3. (a) PRINT FULL NAME Mrs. Mary A. Feather Lane

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Jacob B. Lane

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased August (Month) 3 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	5	29	hr. min.

9. Birthplace Sharon (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation At Home

11. Industry or business ------

FATHER
12. Name James R. Feather
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Unknown Hawk
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Harry Lane
(b) Address 303 Buffalo Park Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Feb. 4, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from July, 1935 to Feb 2, 1940
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Heart Disease with Nephritis Chronic

Due to Generalized Arteriosclerosis

Due to Senility 131

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. B. Brams (M. D. or other)
Address 306 E 12 Date signed 2-3-40

(Licensed Embalmer's Statement on Reverse Side)

Mahorah Nagurna
9-11

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.