DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9877

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1311

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: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)

In this community 30 Years

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. 5613 Bonita (If rural, give location)

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

3. (a) PRINT FULL NAME: GEORGE LANE

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Mrs. Eva Lane

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

7. Birth date of deceased: April (Month) 27 (Day) 1882 (Year)

8. AGE: Years 57 | Months 10 | Days 26 | If less than one day: hr. min.

9. Birthplace: Junction City (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Peddler

11. Industry or business: --

FATHER

12. Name: Ira Lane

13. Birthplace: New York (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Zefora Ferguson

15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Charlie H. Lane

(b) Address: 6037 Montgall Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 25, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: O.H. Newcomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) Mch 25, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1940 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 6th, 1940, to March 23rd, 1940; that I last saw him alive on March 23rd, 1940, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	
Due to: Diabetes mellitus 59	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bilateral hydrothorax; Terminal bronchopneumonia	
Major findings: Of operations:	
Of autopsy: See above	

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: O. F. D. Moore M.D. (M. D. or other)

Address: Supt. K.C. Gen. Hospital, K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39 Rev. 5-17-39 1 X19811

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 H. O. Newcomer Jr

Licensed Embalmer No. 4048

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.