

WED JUL 22 1940

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

22581  
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 712  
(b) Township Liberty Primary Registration District No. 5941  
(c) City \_\_\_\_\_ (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.

Registered No. 19

2. PRINT FULL NAME

Mrs Sarah Ellen Lane  
(a) Residence, No. Pulaski Co Mo Rural (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. A Lane  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/5/1881  
7. AGE YEARS 58 MONTHS 7 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
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) Marionville (STATE OR COUNTRY) Ill

13. NAME Jas. D. Leatherman

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) VA

15. MAIDEN NAME Elizabeth Fitch

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) Ill

17. INFORMANT Chas. A Lane (ADDRESS) Crocker Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Cem DATE 7/8 1940

19. FUNERAL DIRECTOR (NAME) Mrs Harry McCaw (ADDRESS) Palla Mo

20. FILED 7.7.1940 1940 Conett A. Oliver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6 1940

I HEREBY CERTIFY, That I attended deceased from June 15, 1940 to July 6, 1940  
I last saw him alive on June 22, 1940. 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:

Bronchitis, acute

Date of onset 7-10-40

Other contributory causes of importance: Pulmonary thrombosis 7-6-40

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 1940

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 l

Nature of injury l

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify: \_\_\_\_\_ (Signed) C. Wallis, M. D.

(Address) Crocker, 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.

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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.....  
....., 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.**