

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
515 North Case St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 25 Years.
years, months or days)

3. (a) PRINT FULL NAME Elmer Win Lane

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie M. Lane 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 21, 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Truck Driver

11. Industry or business _____

MOTHER FATHER { 12. Name Joe Lane

18. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant's own signature Mrs. Bessie Lane

(b) Address 515 North Case St., Carthage

17. (a) Burial (b) Date thereof 9-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Sept. 5, 1940 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 515 No. Case St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th, year 1940 hour 10:10 minute _____ A. M. _____

21. I hereby certify that I attended the deceased from July 11, 1940 to Sept 4, 1940; that I last saw him alive on Sept 2, 40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 1 1/2

Due to precipitated by influenza Dec. 1939

Due to _____

Other conditions (Include pregnancy within 3 months of death) 23

Major findings: Of operations _____

Of autopsy _____

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? 865

While at work _____ (Specify type of place) _____
(a) Means of injury

23. Signature R. W. Mosler, M.D. (M. D. or other) _____
 Address Carthage Mo Date signed Sept 5 40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Age of informant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state-
 whether or not information should be carefully supplied.

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

Gene O. Dugh, Registered Apprentice No. 253
working under my personal supervision.

Signed

Edlesmer

Licensed Embalmer No.

2222

P. O. Address

Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.