

Registration District No. 101

Primary Registration District No. 6292

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether

In this community  
years, months or days)

3. (c) PRINT FULL NAME Daniel Dee Lane

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased April 16 1979  
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business 9

MOTHER FATHER { 12. Name George Lane

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

14. Maiden name Elizabeth Hawkins

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Roy Lane

(b) Address Winnemegan

17. (a) Burial (b) Date thereof 9/23/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spain

18. (a) Signature of funeral director Hutchison & Co.

(b) Address Polina

19. (a) 9/1 (b) W. J. Roberts  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22  
year 1940 hour 5:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 9-9-1940  
19\_\_\_\_ to 9-22 1940

that I last saw him alive on 9-22 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer in

Abdomen - sigmoid or

descending colon

Due to causing gradual

bowel occlusion

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 46

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? \_\_\_\_\_

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

23. Signature W. J. Roberts (M. D. or other) \_\_\_\_\_  
Address Polina, Mo. Date signed 9-24-40

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.

RECEIVED  
District Health Officer No. 7  
District File Number 10-40-1460  
Date Filed 10-9-40

**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 Bert Logan  
Licensed Embalmer No. 3979  
P. O. Address Bolivar, 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.**