

NOV 15 1940 408
Registration District No. 408

Primary Registration District No. 5563A

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town East Jackson
(c) Name of hospital or institution:
Route # 4, Carthage.
(d) Length of stay: In hospital or institution
In this community 3 Years - 2 Months.

3. (a) PRINT FULL NAME Minda Lane

8. (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 R. F. Lane 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 14, 1866

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>7</u>	<u>17</u>	<u> </u> hr. <u> </u> min.

9. Birthplace Miller County, Ind.

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business

12. Name Hiram Robinette

13. Birthplace Unknown

14. Maiden name Elizabeth Ash

15. Birthplace Va.

16. (a) Informant's own signature Mrs. J. F. Null

(b) Address Route # 4, Carthage, Mo.

17. (a) Burial (b) Date thereof 11-4-40

(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) Nov 2, 1940 (b) E. J. McEntire, M.D.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural - East Jackson Twn.
(d) Street No. Route # 4, Carthage, Mo.
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31,
year 1940 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 22, 1938
19 to Oct 28, 1940
that I last saw him alive on Oct 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
arteriosclerosis
Due to Chorea

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 W. E. Byrd, M.D. (M. D. or other)
Address Carthage Mo. Date signed 11-2-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

70-11-558

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.