

Registration District No. 429

Primary Registration District No. 5-5-84

Registrar's No.

1. PLACE OF BIRTH:

(a) County: Johnson
(b) City or town: Rural
(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: 30 years
In this community: 30 years
years, months or days

8. (a) PRINT FULL NAME: GEO. Hamilton Lane

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

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

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased: Feb 26 1886
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 27 If less than one day hr. min.

9. Birthplace: Danville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

12. Name: Elven Lane

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

14. Maiden name: Mary Anthony

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

16. (a) Informant: Earl Lane

(b) Address: Knob Noster Mo

17. (a) Burial (b) Date thereof: Nov 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: City Cem. N. Mo.

18. (e) Signature of funeral director: J. L. Smith

(b) Address: Knob Noster Mo

19. (a) Date received local registrar: Dec 1 1940 (b) Registrar's signature: J. A. Koch

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Johnson
(c) City or town: Rural
(If outside city or town limit, write "RURAL")

Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 14 year: 1940 hour: 1 minute: 30 a. M.

21. I hereby certify that I attended the deceased from Nov 12, 1940 to Nov 14, 1940 that I last saw him alive on Nov 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: 1. Blue Valvular Disease

Due to:

Due to: 2. 1/2

Other conditions: 1. Blue nephritis 2. Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations:

Of autopsy:

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?

3. While at work? (Specify type of place) (e) Means of injury:

23. Signature: H. W. Moore (M. D. or other)

Address: Knob Noster Mo Date signed: Nov 15 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED DEPT. OF HEALTH NOV 11 1940

MOTHER FATHER

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12-11-67

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.....

Dudley R. Saults

Registered Apprentice No.

working under my personal supervision.

Signed.....

C. L. Saults

Licensed Embalmer No.

1086

P. O. Address.....

Knob Noster W

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.