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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1350

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 310

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

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Unknown (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits write "RURAL")

(d) Street No.: 1043 Paseo - Apt. 2 (If rural, give location)

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

3. (a) PRINT FULL NAME: Willie C. Lane

3. (b) If veteran, name war: World War

3. (c) Social Security No. 508-03-4353

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Etta Lane

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: March (Month) 15, (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
44	~~9~~ 10	0	hr. min.

9. Birthplace: Novasota (City, town, or county) Texas (State or foreign country)

10. Usual occupation: Porter

11. Industry or business:

FATHER 12. Name: Charles Lane

FATHER 13. Birthplace: Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name: Don't Know

MOTHER 15. Birthplace: Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Etta Lane

(b) Address: 1043 Paseo - Apt. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: West Appleton Funeral Home

(b) Address: 1905 Gillis

19. (a) Jan 21 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1941 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from, 19, to, 19; that I last saw alive on, 19; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death	Duration
Acute pulmonary edema	
Due to: Hypertrophy of the heart	
Due to: Coronary sclerosis	
Other conditions (Include pregnancy within 3 months of death): 95	

Major findings: Of operations:

Of autopsy: Yes

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: K.C. Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

NC

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 S. N. West

Licensed Embalmer No. 2470

P. O. Address K. C. MO

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

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