

Registration District No. 39902

Primary Registration District No. 16025-7

Registrar's No. _____

1940 MAR 17 1944

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Municipal Farm.
(If not in hospital or institution, write street number or location)

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

In this community Unknown years, months or days _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.
(If outside city or town limit, write "RURAL")

(d) Street No. 548 Main St.
(If rural, give location)

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

48
3
8

3. (a) PRINT FULL NAME James A. LANE.

(b) If veteran, name war None

(c) Social Security No. 21-16-6555

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6
year 40 hour 4 minute 40 M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: October 21, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____
Ann
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

49 7 15 hr. _____ min.

Immediate cause of death: Arterio-sclerotic heart disease

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace: Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

PHYSICIAN _____

Major findings: _____

Of operations: _____

Of autopsy: See above

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name William A. Lane

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

14. Maiden name Helen Kate Steele

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

16. (a) Informant Social Security Record

(b) Address _____

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

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director: Melody McGilley

(b) Address K. C. Mo.

19. (a) _____ (b) D. M. [Signature]
(Date received local registrar) (Registrar's signature)

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 6 5

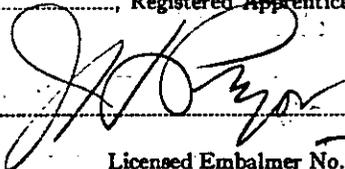
While at work? _____ (Specify type of place)
(e) Means of injury _____

28. Signature [Signature] (M. D. or other) 3
Address [Signature] Date signed 6/13/40

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 .....

Licensed Embalmer No. 2937

P. O. Address YCC

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.