

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27328

State File No.

2986

Registrar's No.

SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

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:  
4603 Bell Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 61 years (Specify whether years, months or days)

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. 4603 Bell Street  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th  
year 1941 hour..... minute..... M.  
21. I hereby certify that I attended the deceased from 12-2-39  
7-1-41 19..... to..... 19.....  
that I last saw ~~her~~ him alive on 7-1-41 19.....  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mrs. Sue E. Lane  
3. (b) If veteran, name war No  
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 John H. Lane  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 12, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 2 23  
hr..... min.

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

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name Frank Hoffman  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Williams  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Goelitzer  
(b) Address 4603 Bell Street

17. (a) Burial (b) Date thereof 8-7-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address 104 West 42nd Street

19. (a) 8/6/41 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Acute & Chronic Cholelithiasis & Cholelithiasis of Gallbladder  
of Dallas, Ca.

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature Robert M. Myers (M. D. or other) M.D.  
Address 1025 Duette Date signed 8-5-41

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

1:00 to 5:30  
Kinest Baldy

**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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address Kansas City

**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, fact should be so stated above.