S. No. 2
—11-10-39
. 5-17-39
I X21492

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

FILED SEP 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29495

Registration District No. 796 Primary Registration District No. 6039 Registrar's No. 115

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Twp Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saline County Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 2½ mo. (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline '97

(c) City or town Marshall 1
(If outside city or town limits write "RURAL") 2

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN LANE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M 9

5. Color or race COL

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

6. (b) Name of husband or wife MARTHA LANE

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

7. Birth date of deceased DEC. (Month) DONT KNOW (Day) '67 (Year)

8. AGE: Years 73 Months 7 Days If less than one day hr. min.

9. Birthplace Near Jefferson City, Mo (City, town, or county) (State or foreign country)

10. Usual occupation MINISTER

11. Industry or business

FATHER
12. Name DONT KNOW
13. Birthplace DONT KNOW (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DONT KNOW
15. Birthplace — — (City, town, or county) 0 (State or foreign country)

16. (a) Informant MRS. INES SCOTT.
(b) Address 515 E JACKSON Marshall

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation MARSHALL MO

18. (a) Signature of funeral director F D Ferguson
(b) Address Sedalia Mo.

19. (a) 7-21-41 (Date received local registrar) (b) Mary Kent Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17 year 1941 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from May, 1941 to 7-17-1941, that I last saw him alive on 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ch Myocarditis	7
Due to Decompensation	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 0
Address Marshall, Mo. Date signed 8-4-

(Licensed Embalmer's Statement on Reverse Side)

Date Filed

District File Number 8-26-41

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 F D Ferguson

Licensed Embalmer No. 2172

P. O. Address Marshall

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

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