

FILLED DEC 4 1941

State File No.

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City, Mo.
(c) (Name of hospital or institution) James O. Cannon Hospital
(d) Length of stay: In hospital or institution 6 months
In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(d) Street No. 102 1/2 S. Main
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1941 hour 6:25 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 2, 1941 to Nov. 4, 1941
that I last saw him alive on Nov 4, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to ?
Due to ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83a
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Mrs. [Name] (M.D. or other)
Address Webb City, Mo. Date signed 11-6-41

3. (a) PRINT FULL NAME Turney C. Lane
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ed M. Lane
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Nov 17 1876

8. AGE: Years 64 Months 11 Days 8
If less than one day hr. min.

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

10. Usual occupation Stationery Engineer

11. Industry or business

12. Name Franklin Jackson Lane
13. Birthplace Unknown
14. Maiden name Mary Margaret Stearns
15. Birthplace Unknown

16. (a) Informant Glenn C. Lane
(b) Address Peersville, Mo.

17. (a) Burial (b) Date thereof Nov 6, 1941
(c) Place: burial or cremation Peace Cemetery

18. (a) Signature of funeral director Webb City, Mo.
(b) Address Webb City, Mo.
19. (a) NOV. 6. 41 (b) [Signature] (Date received local registrar) (Registrar's signature)

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 myself

....., Registered Apprentice No.

working under my personal supervision.

Signed Clayton W. Johnston

Licensed Embalmer No. 3,922

P. O. Address Wells City Mo.

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.