

FILED FEB 7 1942
Registration District No. 781

Primary Registration District No. 4456

Registrar's No. 46

1. PLACE OF DEATH

(a) County St. Clair
(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Elliott Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether)
In this community 80 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair
(c) City or town Appleton City (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1942 hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from Jan 8 1942 to Feb 1 1942
that I last saw her alive on Jan 21 1942
and that death occurred on the day and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to

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

Major findings:
Of operations: 430
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 W. T. [unclear] (M. D. or other)
Address Appleton City Date signed 2-2-42

3. (a) PRINT FULL NAME MARY SEMORE LANE

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 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

7. Birth date of deceased: Apr 26 1849
(Month) (Day) (Year)

8. AGE: Years 92 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation: Housekeeping

11. Industry or business

12. Name: Thomas Laur

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

14. Maiden name: Martha A. Sellars

15. Birthplace: Putnam Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant: Bary S. Laur

(b) Address: 4719 Washington Blvd St. Louis

17. (a) Burial (b) Date thereof: FEB 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Rockville Cem

18. (a) Signature of funeral director: Frank Lee

(b) Address: Appleton City Mo

19. (a) Feb 2 42 (b) Allyn Davidson
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

73
10

1801

RECEIVED

District Health Officer No. 7,

District File Number 2-42-15

Date Filed 2-5-42

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~~ not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Frank Lee

Licensed Embalmer No. 1099

P. O. Address.....

Appleton City, Wis.

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.