

FILED MAR 9 1942

Registration District No. 463

Primary Registration District No. 5692

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Mail me P.O. Roubidoux
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether In this community 8 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County McDonald
(c) City or town Mail (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

3. (a) PRINT FULL NAME

Alice Lane

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife W. A. Lane

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan 6 1956
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 10 If less than one day hr. min.

9. Birthplace 1 Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Parson

12. Name Milo J. Stinson

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

14. Maiden name Mary Shepherd

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

16. (a) Informant A. H. Lane
(b) Address Mail me

17. (a) Removal (b) Date thereof 2-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Iowa

18. (a) Signature of funeral director Charles Wilbur
(b) Address Mail me

19. (a) Feb 17 1942 (b) H. C. Alexander
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1942 hour 4 minute 10 P. M.
21. I hereby certify that I attended the deceased from Dec 20 1941 to Feb 16 1942 that I last saw her alive on Dec 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death valvular heart disease Duration 1 yr.

Due to 92d

Other conditions Senility 1 yr.
(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 J. A. Leaning (M. D. or other) _____
Address Mail me Date signed 2-17-42

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

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RECEIVED

District Health Officer No. 6,

District File Number 342-276

Date Filed MAR 6 1942

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.....

P. O. Address.....

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.