

**AUG 18 1942**  
Registration District No. **2**

Primary Registration District No. **4152**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Daviess**  
(b) City or town **Jamesport**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **25 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess** **3/00**  
(c) City or town **Jamesport**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **---** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **John Douglas Lane**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Rhoda Lane** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **December 1855**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**86 6 13** ..hr. ..min.

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

10. Usual occupation **Farmer**

11. Industry or business **Retired**

12. Name **William Lane**

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

14. Maiden name **Margaret Waldo**

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

16. (a) Informant **J.B. Lane**  
(b) Address **Kiowa, Kansas**

17. (a) **Burial** (b) Date thereof **7-10-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pilot Grove #1**

18. (a) Signature of funeral director **Hope Turn**  
(b) Address **Gallatin, Mo.**

19. (a) **7-10-42** (b) **L. O. Dickerson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8**  
year **1942** hour **10** minute **00** P. M.

21. I hereby certify that I attended the deceased from **July 10**  
**1940**, to **July 5**, 19**42**  
that I last saw him alive on **July 5**, 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis** Duration **4yrs**

Due to **Degeneration of Arteries**

Due to **97**

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) (c) Means of injury

23. Signature **R. M. Thompson** (M. D. or other)  
Address **Jamesport Mo.** Date signed **7-10-42**

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

100

JAN 25 1943

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 *L. O. Richardson*

Licensed Embalmer No. *3302*

P. O. Address *Fallater 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.