

FILED AUG. 10 1942

Registration District No. 875 360

Primary Registration District No. 3039 3076

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada, Mo. (City)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1515 University Ave!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1515 University Ave!
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mr. Charles B. Lane

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race wh. 1 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 28, 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Illinois!
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Garage

12. Name William Lane

13. Birthplace Ill.!
(City, town, or county) (State or foreign country)

14. Maiden name Polly E. Kentham

15. Birthplace Ill.!
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Lane

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 7/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Wm. E. Fisher

(b) Address Nevada, Mo

19. (a) July 20, 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 16 day 16
year 1942 hour 6:25 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1942 to July 16, 1942
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 1942

Due to Severe cold or Flu

Due to _____

Other conditions 93e!
(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) (e) Means of injury _____

23. Signature J. M. Linn (M. D. or other) _____

Address Nevada, Mo. Date signed 7/18/42

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

08
2

1231

RECEIVED

District Health Officer No. 7,

District File Number 8-42-830

Date Filed 8-5-42,

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4098

P. O. Address Lamar, 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.