

FILED NOV 19 1942 49

Registration District No. _____

Primary Registration District No. _____

1002

State File No. _____

4146

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town J.C. Kan
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
811 E 12th
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 20 yrs
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 811 E 12th
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Clyde J. Lane

3. (b) If veteran, name was _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife Pauline Smith
 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased Oct 26 1876
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6
 year 1942 hour 10:00 minute 00 M.
 21. I hereby certify that I attended the deceased from _____, 19____;
Coroner
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction
 Due to Intraabdominal adhesions
 Due to 12.28
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years _____ Months 0 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation clerk

11. Industry or business none
 12. Name Clark W. Lane
 13. Birthplace Elba Ia (State or foreign country)
 14. Maiden name Ella Drake
 15. Birthplace S. Carolinal (State or foreign country)

16. (a) Informant John B. Lane
 (b) Address RR # 3 K.C. Kans
 17. (a) Burial (b) Date thereof 11/9/42
 (Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Waldsworth, Kans

18. (a) Signature of funeral director Schubert
 (b) Address 901 E 5th K.C. Mo.
 19. (a) 11-7-42 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy see above

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 C. C. Mo. (M. D. or other) _____
 Address K.C. Mo. Date signed _____

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

DEC 4-1942

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.....

Ray E Snow

Licensed Embalmer No. *2560*

P. O. Address. *R E M*

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.