

No. 2  
 5-42  
 5-17-39  
 X 32873

FILED DEC 18 1942  
 199

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3509 Jefferson Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 40 Years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3509 Jefferson Street  
 (If rural, give location)  
 (e) Citizen of foreign country? 52 Years in U.S.A. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Annabelle Cliste Lane

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Dr. Hulie H. Lane 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased November 27 1882  
 (Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 9 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sweden 4  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Carl Cliste  
 13. Birthplace Sweden 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Marie Lundgren  
 15. Birthplace Sweden 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Hulie H. Lane, M.D.

(b) Address 3509 Jefferson Street

17. (a) Burial (b) Date thereof Dec. 8, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomb

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-7-42 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6  
 year 1942 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept  
 1942 to Dec. 5 1942  
 that I last saw him alive on Dec. 5 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of left ilium  
 Duration nine months

Due to 46  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 M. M. Crowe (M. D. or other) \_\_\_\_\_  
 Address 894 Paralta Bldg Date signed 12-7-42

Dr. Frank...  
824 Real...

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**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..... *Ernest C. Shiple* .....

Licensed Embalmer No. *4234* .....

P. O. Address *K C 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.**