

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 4611

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution Wheatley Hospital  
(d) Length of stay: In hospital or institution 10 weeks  
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1308 16-14 St  
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME MADISON LANE

3. (b) If veteran World War One (c) Social Security No. none

4. Sex male 5. Color or colored 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased 10 (Month) 15 (Day) 1888 (Year)

8. AGE: Years 54 Months 1 Days 422 If less than one day — hr. — min.

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

10. Usual occupation Preacher

11. Industry or business —

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs Hattie Wair

(b) Address 1715 Lydia

17. (a) Burial Date thereof 12-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth Park

18. (a) Signature of funeral director H. G. Moore

(b) Address 1820 15th St

19. (a) 12-11-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9 year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 30 1942 to Dec 6 1942 that I last saw him alive on December 6 1942 and that death occurred on the date and hour stated above

Immediate cause of death Peritonitis Duration —

Due to Ruptured Appendix 9 days

Due to 12:1

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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 F. E. Younge (M. D. or other) —

Address 2204 East 18th Date signed Dec 8

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 30 1942

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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.....

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.**