

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 29 1942

Registration District No.

Primary Registration District No. 5575

Registrar's No.

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County... Jackson,

(b) City or town... Kansas City, Wash Tenn

(c) Name of hospital or institution:
8036 Pennsylvania /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... no. (Specify whether
In this community... 22 years, (Specify whether
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... 8036 Pennsylvania
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country... X

3. (a) PRINT FULL NAME Mrs. Laura B. Lane,

3. (b) If veteran, name war... no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th
year 1942 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from
19... to 12/8/42
that I last saw him alive on 12/8/42
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed,

6. (b) Name of husband or wife... Robert Carr Lane
6. (c) Age of husband or wife if alive dec. years 14 1858

7. Birth date of deceased... October (Month) 14 (Day) 1858 (Year)

Immediate cause of death...
Cardiovascular disease
plus hypertension

8. AGE: Years Months Days If less than one day
84 1 25 hr. min.

Due to... Cardiac failure

Due to...

Other conditions... (Include pregnancy within 3 months of death)

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

10. Usual occupation... at home, X

11. Industry or business...

12. Name... Edward Brennan,

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

14. Maiden name... Unknown,

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

Major findings: none
Of operations...
Of autopsy...
93d
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant... Claude Tabor,
(b) Address... 8036 Pennsylvania, K. C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof... 12-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation... Carrollton, Mo.

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...

18. (a) Signature of funeral director... Stine & McClure,
(b) Address... 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-12-42 (Date received local registrar) (b) [Signature] (Registrar's signature)

23. Signature... [Signature] (M. D. or other) M.D.
Address... 807 Gwyne Bldg. Date signed 12/9/42

Dr. Lill

Argyle, D.D.

V. 19670

NOV 20 1946

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed..... *[Signature]*

Licensed Embalmer No..... *14135*

P. O. Address..... *15 E. 17th*

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.