V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17283

Registration District No. 70 Primary Registration District No. 3002 Registrar's No. 77

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 17 days (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain 4
(c) City or town: Mexico
(If outside city or town limits, write "RURAL")
(d) Street No.: 315 E. Promenade St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Harvey Richard Lane
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January 15, 1856 (Month) (Day) (Year)
8. AGE: Years 87 Months 3 Days 18 If less than one day hr. min.
9. Birthplace: Cole County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Retired meat Cutter
11. Industry or business:
FATHER 12. Name: George H. Lane
13. Birthplace: Cole County, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Anne Liza Hart
15. Birthplace: Henderson County, Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Carrie Stawart
(b) Address: Mexico, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 5, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood, Mexico, Mo.
18. (a) Signature of funeral director: Earl E. Pruett
(b) Address: Mexico, Mo.
19. (a) May 5-1943 (Date received local registrar) (b) Margaret A Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 3 year: 1943 hour: 2:00 minute: P. M.
21. I hereby certify that I attended the deceased from April 16, 1943, to May 3, 1943, that I last saw him alive on May 3, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	
Chronic nephritis	
Due to: Hypertrophy of Prostate gland	
Due to:	
Other conditions: General arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: no.

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): no
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: A. L. Brashear (M.D. or other) M.D.
Address: Mexico, Mo Date signed: 5/4/43

1074 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-950
Date Filed JUN 5 1943

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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.