

FILED JUL 13 1943

Registration District No. **151**

Primary Registration District No. **5573**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Blue Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **H. H. #1 Blue Springs Mo**
(If home hospital, institution, write street number or location)
(d) Length of stay: **1 week** (Specify whether in hospital or institution)

In this community **1 week**
years months days

3. (b) PRINT FULL NAME **Violet Lane**

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

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Child**

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

7. Birth date of deceased **Mar 18 1931**
(Month) (Day) (Year)

8. AGE: Years **12** Months **3** Days **27** If less than one day

9. Birthplace **North Fork Baxter County Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business

MOTHER FATHER

12. Name **Arthur Lane**

13. Birthplace **Ark 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Gray**

15. Birthplace **Ark 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mother Julia Lane**

(b) Address **North Fork Ark**

17. (a) **Burial** (b) Date thereof **6-24-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkville Mo**

18. (a) Signature of funeral director **R. E. Moore**

(b) Address **Mo**
19. (a) **6-24-43** (b) **Mrs. John Lawson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ark.** (b) County **Baxter County**
(c) City or town **North Fork Ark**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **23**
year **1943** hour **6** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **6/23/43** to **6/23/43**
that I last saw her alive on **6/23/43**
and that death occurred on the date and hour stated above.

Immediate cause of death **MERSAES**

Duration **3 DAYS**

Due to _____

Other conditions **EPILEPSY** **11 YRS.**
(Include pregnancy within 3 months of death)

Major findings: Of operations **35**
Of autopsy _____

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) _____
(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 **J. E. Query** (M. D. or other) **DO**
Address **Blue Springs, Mo.** Date signed **6/24/43**

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

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.....

Don D. Rutter

Licensed Embalmer No.....

4273

P. O. Address.....

REMO

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.