

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8036

State File No.

Registration District No. 290

Primary Registration District No. 5987

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural Union Twp.

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Rural Union Twp.

(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME James Lewis Lane

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19 year 1944 hour 9 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 1 7 1868

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 18, 1944 to Feb 19, 1944 that I last saw him alive on February 19, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 18 hrs

8. AGE: Years 76 Months 1 Days 12 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Unknown

13. Birthplace _____ (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 Mr. Clyde Lane

(b) Address Dixon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/1944 (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) MAR-1-1944 (Date received local registrar) (b) Loles McOod (Registrar's signature)

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 2

23. Signature Donley Gates (M. D. or other) D.O.

Address Dixon, Mo Date signed 2/22/44

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

5
0
0

1170

(Licensed Embalmer's Statement on Reverse Side)

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.....

R 19-44
.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed *Fred W. Gilkey*.....

..... Licensed Embalmer No. *2341*.....

..... P. O. Address *Dixon, Missouri*.....

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.