DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1944

Registration District No. ____

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3036

State File No. 15091

Registrar's No. 30

1. PLACE OF DEATH:

55 (a) County Lawrence

(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
201 West Lee St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

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

(d) Street No. 201 West Lee St
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Francis M Lane

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Leonna Lane

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

7. Birth date of deceased July (Month) 11 (Day) 1864 (Year)

8. AGE: Years 79 Months 7 Days 25 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired Merchant

11. Industry or business ____

FATHER
12. Name Pleasant Lane
13. Birthplace ? (City, town, or county) Ky, (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace ? (City, town, or county) Ky, (State or foreign country)

16. (a) Informant Mrs D.E.Gregory
(b) Address Milwakee Wisc,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/44 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J.F. King
(b) Address Aurora Mo.

19. (a) 3-9-1944 (Date received local registrar) (b) Eunice Greene by [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7
year 1944 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from Feb 23, 1944 to Mch 7, 1944
that I last saw him alive on Mch 6, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uraemic Poisoning	Feb 23
Due to Prostate gland infection	44
Due to	not known
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

137a

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature J Will Smith MD (M. D. or other)
Address Aurora Mo Date signed 3/7/44

1156 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 61
District File Number 444-487
Date Filed APR 13 1948

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 Herman M. Sur

Licensed Embalmer No. 3072

P. O. Address Aurora N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.