V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1600

State File No. 21112

Registrar's No. 707

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St Josephs' Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 6610 Carnegie St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles U. Lane

3. (b) If veteran, name war ✓

3. (c) Social Security No. 500-09-6165

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Carrie Rousey Lane

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August (Month) 29 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	10	6	hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name James Lane
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Uphena Lykins
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Gretna Lane

(b) Address RR #2 - St Joseph Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July (Month) 6 (Day) 1944 (Year)

(c) Place: burial or cremation Fairview Cem. So of Albany Mo

18. (a) Signature of funeral director Heaton BeGole + Bowman

(b) Address St Joseph Mo

19. (a) 7/5/44 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 5 year 1944 hour 8 minute 20 a. M.

21. I hereby certify that I attended the deceased from 6/27, 1944 to 7/5, 1944 that I last saw him alive on 7/4/44, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 8 da

Due to Unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

83a

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 [signature] (M. D. or other)

Address 234 Jel Ave Date signed 7/6/44

1271

(Licensed Embalmer's Statement on Reverse Side)

C.V. Timerman
8-1148 234 Illinois

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 Frank A Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.