

FILED JUL 13 1944
Registration District No. 297

Primary Registration District No. 4446

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

1. PLACE OF DEATH:

(a) County Polk Co

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

(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution 1
Specify whether

In this community most of his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Hardin, Mo
(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 American

3. (a) PRINT FULL NAME George W Lane

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1944 hour 28 minute 12 A.M.

21. I hereby certify that I attended the deceased from May 25 1944 to June 13 1944
that I last saw him alive on June 13 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased Nov 10 1868
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Prostate & Bladder Duration 2 yrs

8. AGE: Years 75 Months 7 Days 3 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Difficult urination

Blind & Pus - Pain

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

10. Usual occupation Interior decorator

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy HLP

11. Industry or business _____

MOTHER FATHER { 12. Name Robert W Lane

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Superna Hudson

15. Birthplace Ohio (City, town, or county) (State or foreign country)

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 _____

3. Signature Marvin Grimes (M. D. or other) _____
Address Hardin, Mo Date signed 6/14/44

16. (a) Informant Mrs. Delia M Pennington

(b) Address Fort Madison Iowa

17. (a) Burial (b) Date thereof June - 14 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin Cem.

18. (a) Signature of funeral director John W. Kuekschild

(b) Address Hardin, Mo

19. (a) 6/14/44 (b) Miss Sarah W. Sheppard
(Date received local registrar) (Registrar's signature)

1280

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

7-12-44

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signature John W. Kripschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.