U. S. No. 2
10M—5-42
Rev. 5-17-39
Form I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27757

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 702

39
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1. PLACE OF DEATH:
(a) County: GREENE.
(b) City or town: SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 20 YR.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: GREENE. 39
(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No.: 1904 W. Scott (If rural, give location) 6
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓ 0

3. (a) PRINT FULL NAME: FRED JEFFERSON LANE, SR.
3. (b) If veteran, name war: PHILLIPINES
3. (c) Social Security No.: UNK.
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWER
6. (b) Name of husband or wife: UNK.
6. (c) Age of husband or wife if alive: DEC. years
7. Birth date of deceased: Dec. (Month) 22, (Day) 1883 (Year)

8. AGE: Years 60 | Months 8 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: UNK. (City, town, or county) MO. (State or foreign country)
10. Usual occupation: BARBER
11. Industry or business: BARBERING.
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) UNK. (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) UNK. (State or foreign country)
16. (a) Informant: Fredric Lane, Jr.
(b) Address: U.S. Navy.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 30-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cem
18. (a) Signature of funeral director: J. W. Klingner & Co.
(b) Address: Springfield Mo
19. (a) 8-30-44 (Date received local registrar) (b) Dr. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 29 year: 1944 hour: 1 minute: 30 P. M.
21. I hereby certify that I attended the deceased from 7-29, 1944 to 8-29, 1944 that I last saw him alive on 8/29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, chronic — Duration
Due to: —
Due to: —
Other conditions: — (Include pregnancy within 3 months of death)
Major findings: Of operation: Partial Intestinal obstruction operated 8/12/44
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: W. Roland Langston (M. D. or other) MD
Address: Springfield, Mo. Date signed: 8/30/44

984 (Licensed Embalmer's Statement on Reverse Side)

SEP 11 1944

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 Ogle Stone Jr.

Licensed Embalmer No. 4196

P. O. Address Springfield

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.