

S. No. 2
M-2-43
5-17-39
I X33697

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED NOV 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35052

State File No. _____

Registration District No. 280

Primary Registration District No. 4421

Registrar's No. 15

11/10/44-12533
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Parkville
(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 no (Specify whether
In this community 73 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Platte
(c) City or town Parkville
(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 _____

3. (a) PRINT FULL NAME Jennie Lano
3. (b) If veteran name war no 3. (c) Social Security No. 710

20. DATE OF DEATH: Month Sept day 2 year 1944 hour 10 minute 0 P. M.

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 16 - 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1944 to Sept 1944 that I last saw her alive on Sept 2 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 8 Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 5 m.

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

Due to Hypertension
Due to 83A

10. Usual occupation Housekeeper

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business None
12. Name W. T. Lano
13. Birthplace West Va
(City, town, or county) (State or foreign country)
14. Maiden name Naomi Hensel
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs T J Perry
(b) Address Same Calif.
17. (a) Burial (b) Date thereof Sept 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parkville

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? _____

18. (a) Signature of funeral director Charles Brown
(b) Address Parkville Mo
19. (a) 10-3-44 (b) Mrs Clay Biffle
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W J Landerwood (M. D. or other)
Address Parkville Date signed 10/2/44

1944-²⁰9-³²2
1870-12-16

73-8-16

RECEIVED
District Health Officer No. Platt
District File Number 11-44-87
Date Filed 11-1-44

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.

Signed Leland G. Francis

Licensed Embalmer No. 3451

P. O. Address Fairfield 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.