

FILED FEB 6, 1945

Registration District No. **177**

Primary Registration District No. **1002**

Registrar's No. **411**

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DAYS
(Specify whether)

In this community 47 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 3509 JEFFERSON STREET
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

3. (a) PRINT FULL NAME DR. HALLIE HIRAM LANE

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ANNA C. LANE

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

7. Birth date of deceased APRIL 15 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>9</u>	hr. min.

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

10. Usual occupation PHYSICIAN - M.D.

11. Industry or business OFFICES - 906 GRAND AVE.

MOTHER FATHER

12. Name EDWARD T. LANE

13. Birthplace MOUNT STERLING KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name SUE E. WOOD

15. Birthplace MOUNT STERLING KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MR. E. E. LANE

(b) Address HAGERMAN, NEW MEXICO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 26 1945
(Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 1-26-45 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 24 TH
 year 1945 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Pathologist, 19...
 that I last saw him --- alive on 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Chronic myocarditis
Carcinoma of prostate

Due to ---

Other conditions --- (Include pregnancy within 3 months of death) 51/5

Major findings: Carcinoma of prostate
 Of operations ---
 Of autopsy As above

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? ---

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

23. Signature Dr. Hiram Lane (M. D. or other) ---
 Address Pathologist Date signed 1-25-45

W. C. ...
Rialto Bldg.

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address Kenn

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.