

FILED JAN 16 1945

Registration District No. 756

Primary Registration District No. 2001

Registrar's No. 688

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1932 Connor
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 38 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James F. Lane
 3. (b) If veteran, name war No.
 3. (c) Social Security No. 500-09-1180

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cora Lane 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased December 29, 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)
 10. Usual occupation Feed Salesman & Dealer
 11. Industry or business Retired

12. Name John Lane
 13. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Buckingham
 15. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. F. Lane
 (b) Address 1932 Connor Ave. Joplin
 17. (a) Burial (b) Date thereof 12-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Park Hurlbut Und Co.

18. (a) Signature of funeral director Joplin, Mo.
 (b) Address Joplin, Mo.
 19. (a) 12-19-44 (b) Gertrude Sutherlin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 1932 Connor
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1944 hour 4 minute 45 A.M.
 21. I hereby certify that I attended the deceased from 11/11 1944 to 11/16 1944
 that I last saw him alive on 11/16 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration

Due to Heart disease and arterial sclerosis
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gbc
 Of autopsy no
 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) (Specify type of injury)
 23. Signature J. F. Lane (M. D. or other)
 Address Joplin Mo. Date signed 12/19/44

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

79
2
5

1204

44-12-1052

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 *Henry K. Gurbur*

Licensed Embalmer No. 959

P. O. Address Joplin, 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.