. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17698

State File No.

FILED MAY 16 1945

Registration District No. 2149

Primary Registration District No. 5845

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway ~~Clearmont (Rural-Atchison)~~

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

(c) Name of hospital or institution: 4 miles S.E. Clearmont (If not in hospital or institution, write street number or location)

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

In this community all life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Clearmont -Rural- (If outside city or town limits, write "RURAL")

(d) Street No. 4 miles S.E. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Matilda Ann Lane

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex femlae

5. Color or race white

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

6. (b) Name of husband or wife James F. Lane

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

7. Birth date of deceased May 26, 1861 (Month) (Day) (Year)

8. AGE: Years 83 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Nodaway County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Alexander M. Huls
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Eliza Jane Shanklin
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Howard Kramer
(b) Address Maryville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Clearmont cemetery

18. (a) Signature of funeral director Price Funeral home
(b) Address Maryville Mo

19. (a) Apr 26 (Date received local registrar) (b) Mrs W H Carpenter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1945 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from not attended, 19, to, 19; that I last saw her alive on not seen by physician and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Chronic myocarditis

Due to Chronic Valvular disease of heart

Other conditions (Include pregnancy within 3 months of death) 920

Major findings: Of operations no operations

Of autopsy no autopsy.

Duration

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

23. Signature L. E. Dean (M. D. ~~or other~~)

Address Maryville Mo Date signed 4-25-45

121-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 W. L. Gee

Licensed Embalmer No. 2539

P. O. Address Marysville

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.