S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40391

Registration District No. 70 Primary Registration District No. 3002 Registrar's No. 151

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
Audrain Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. 315 E. Promenade St. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John Hart Lane

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ocela Lane

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

7. Birth date of deceased February 5, 1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	9	22	hr. min.

9. Birthplace Cole County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Real Estate agent

11. Industry or business

FATHER
12. Name George H. Lane
13. Birthplace Cole County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Jane Hart
15. Birthplace Henderson County, Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Claude Shobe

(b) Address Dexter, Missouri

17. (a) Burial (b) Date thereof Nov. 29, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director [signature]

(b) Address Mexico, Mo.

19. (a) 11/29/45 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27th
year 1945 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Oct 18, 1945, to Nov 27, 1945;
that I last saw him alive on Nov 27, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic degenerative myocarditis	5 years
Due to Generalized arteriosclerosis Senility	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

97

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? None
(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 Harry F. O'Brien (M. D. or other)

Address Mexico Mo. Date signed 11-28-45

1406 (Licensed Embalmer's Statement on Reverse Side)

MAY 23 1946

RECEIVED
District Health Officer No. 10
District File Number 13-46-1835
Date Filed DEC 20 1945

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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.