DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1946

State File No. 40589

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1352

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1 (If outside city or town limits, write "RURAL")
(d) Street No.: 230 Alabama St. 7 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Roxanna Emily Lanning
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: W. D. Lanning
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: May 22, 1855 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
90	6	19	hr. min.

9. Birthplace: Mount Pleasant, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Hochman
13. Birthplace: Penn. 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Roxanna Emily Hochman
15. Birthplace: Mt. Pleasant, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. A. B. Sterling
(b) Address: Rt. 6, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 15, 1945 (Month) (Day) (Year)
(c)* Place: burial or cremation: Odd Fellows Cem.
18. (a) Signature of funeral director: Clark Mortuary
(b) Address: 5025 King Hill Ave.
19. (a) Dec 26-1945 (Date received by local registrar) (b) H. J. Westebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1945 hour 3 minute 15 p M.
21. I hereby certify that I attended the deceased from November 24th 1945 to December 11 1945 that I last saw her alive on December 11th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fracture, left femur	18 days
Arteriosclerosis	10 yrs.
Due to senility	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy:

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): accident
(b) Date of occurrence: 11/24/45 131
(c) Where did injury occur? St. Joseph, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home -- fell out of bed (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: W. M. Zeitlhack M.D. (D.O. or other)
Address: Social Welfare Board Date signed: 12/14/45

1428 (Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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 12/11/45

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.