

FILED JUL 15 1946

Registration District No. 4

Primary Registration District No. 3007

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

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lucy Lee
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether)
 In this community
 years, months or days

3. (a) PRINT FULL NAME Kennith Gerald Lane

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased: Mar. 8, 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>3</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace: Naylor Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
 12. Name Gerald Lane
 13. Birthplace Clay Co. Ark.
(State or foreign country)
 14. Maiden name Vernadean Smith
 15. Birthplace Naylor, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Gerald Lane
(b) Address Naylor, Mo.

17. (a) burial (b) Date thereof July 2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richwoods Clay Co. Ark.

18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor, Mo.

19. (a) 7-3-46 (b) R. H. Minettee
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
(that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.)

Immediate cause of death _____
Asphyxiation
Cardiac failure
Lobar pneumonia
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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? _____

23. Signature R. H. Minettee (M. D. of _____)
 Address Poplar Bluff, Mo. Date signed 7-1-46
(Specify type of place) (e) Means of injury

RECEIVED

District Health Office No. 2

District File Number 746-828

Date Filed 1-9-46

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 Bryan M. Card.....

Licensed Embalmer No. 4079.....

P. O. Address Maple, 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.