

No. 2
5-43
5-17-39
I X36671

FILED AUG 20 1946

Registration District No. 156

Primary Registration District No. 2011

Registrar's No.

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:
2702 Zora St
(If not in hospital or institution, write street number or location)

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

In this community 12 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2702 Zora St 5
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ELIZA DAVIS LANE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1946 hour 1:30 minute a M.

21. I hereby certify that I attended the deceased from July 17, 1946 to July 21, 1946, that I last saw her alive on July 17, 1946; and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Henry D Lane

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased May 20 1860
(Month) (Day) (Year)

Immediate cause of death Shock following fracture of right hip

Due to severity

Due to _____

Other conditions _____
(Include pregnancy within 3 months preceding death)

Major findings:
Of operations _____

Of autopsy _____

8. AGE: Years 86 Months 2 Days 1

If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

MOTHER FATHER

11. Industry or business _____

12. Name John Suter

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Frances Jones

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

16. (a) Informant Mrs Frances Wommack

(b) Address 2702 Zora - Joplin Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 22-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem - KC. Mo.

18. (a) Signature of funeral director Knehl Mortuary

(b) Address Carthage Mo

19. (a) 7-22-46 (Date received local registrar) (b) Ed A Jones (Recipient's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ 49

(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)

(e) Means of injury _____ 2

23. Signature M. S. Slaughter (M. D. or other) MO

Address Webb City, Mo. Date signed 7/21/46

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

46-7-672

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.....

..... *Frank W. Knell Jr*, Registered Apprentice No. 379
working under my personal supervision.

Signed *Emma C. Knell*

Licensed Embalmer No. 391

P. O. Address *Carthage*

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.

Sept

Registration District No. *156*

Primary Registration District No. *201*

Registrar's No.

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:

(If not in hospital or institution, write street number or location)

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

In this community years, months or days)

3. (a) PRINT FULL NAME

Elyza D. Lane

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex *F*

5. Color or race *W*

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

May 20
(Month) (Day) (Year)

8. AGE:

Years *86*

Months

Days

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) *MO*

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 *1946* year *1946* minute *1* M.

21. I hereby certify that I attended the deceased from *1860* to *1860*, 19...;

that I last saw him *alive* on *7-18-46* and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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 *7-18-46*
(c) Where did injury occur? *Joplin Jasper MO*
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? *no*

(Specify type of place)

(e) Means of injury *fall*

23. Signature *med. student*

(M.D. or other)

Address *Webb City MO*

Date signed *7-22-46*

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

26315

SUPPLEMENTARY

27476