

S. No. 2
M-5-43
v. 5-17-39
I X38571

FILED NOV 7 1946

Registration District No. **257**

Primary Registration District No. **5867**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer (Rural)
(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 Lifetime
years, months or days

3. (a) PRINT FULL NAME Sidney Lambert 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 March 16 1940
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>6</u>	<u>6</u>	<u>15</u>	____ hr. ____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Frank Lane

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

14. Maiden name Jessie Davis

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

16. (a) Informant Frank Lane

(b) Address Thayer, Mo.

17. (a) Burial Myrtle
(Burial, cremation, or removal)

(b) Date thereof 10/3/46
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Roland Carter

(b) Address Thayer, Mo.

19. (a) 10-22-46 **(b) Edith Brass**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Oregon

(c) City or town Thayer (Rural)
(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 October day 1
year 1946 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept 5
1946 Oct 01 1946

that I last saw him alive on Oct 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Lymphoid Leukemia

Duration: 1 month

Due to _____

Due to _____

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

Major findings: of 4A

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) _____

(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 W. Cooper (M. D. or Ch. D.) MD

While at work? _____ (Specify type of place) (e) Means of injury _____

Address Thayer, Mo. Date signed 11-46

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

33113

368

20721

RECEIVED

District Health Officer No. 5,

District File Number. 10-46299

Date Filed 11-4-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.