DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40697

State File No.

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 5223

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 4529 Forest Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community three weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Knasas (b) County Johnson 999

(c) City or town Olathe 14
(If outside city or town limits, write "RURAL")

(d) Street No. 302 North Chestnut St., 0
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME MRS. LORA ANNA LANE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife L. L. Lanedeceased

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

7. Birth date of deceased February 4th, 1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Chilicotte (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Houswife

11. Industry or business

FATHER
12. Name Thomas Orr
13. Birthplace Dont Know (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Louisa Ritter
15. Birthplace Dont Know (City, town, or county) Dont Know (State or foreign country)

16. (a) Informant Charles O Lane
(b) Address 4529 Forest Kas. City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Olathe, Kansas.

18. (a) Signature of funeral director Wm Frye & Son
(b) Address Olathe Kansas.

19. (a) 12-12-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th year 1946 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 3 1946, to Date of Death; that I last saw her alive on About 10 days ago; and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma with Hydrothorax — Duration several months

Due to Carcinoma of the Breast

Due to

Other conditions Senility — 50
(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma cells found in fluid from chest

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Carl R Ferris (M. D. or other) MSO

Address 934 Argyle Bldg Kansas City Mo Date signed Dec 12, 1946

(Licensed Embalmer's Statement on Reverse Side)

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

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 ✓
Martin W. Fuge, Registered Apprentice No. —
working under my personal supervision.

Signed Martin W. Fuge

Licensed Embalmer No. 3615

P. O. Address Olathe, Kansas

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.