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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1183

FILED JAN 27 1947

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 160

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2425 College (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2832 Chelsea (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry D. Lane
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eliza D. Lane
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 5 (Month) 22 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
86	7	20	hr. min.

9. Birthplace _____ (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Building Contractor & Decorator
11. Industry or business Retired
FATHER 12. Name William Lane
13. Birthplace _____ (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Elizabeth Triplett
15. Birthplace _____ (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. John Wiggins
(b) Address 2832 Chelsea
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri.
19. (a) 1-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th. year 1947 hour _____ minute 9/40 P.M.
21. I hereby certify that I attended the deceased from Jan 8, 1947, to Jan 12, 1947; that I last saw him alive on Jan -, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute Congestive Heart failure	3 days
Due to (Myocardial degeneration chronic / myocarditis)	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations NO	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Leon Muller (M. D. or other) MD
Address 3548 Indiana Date signed Jan 13-47

(Licensed Embalmer's Statement on Reverse Side)

3548 Indiana Lin 5411

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 Cortland Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.