

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36571

State File No. 2175
Registrar's No. 20

FILED FEB 4 1947
Registration District No. 376

Primary Registration District No. 3059

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

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Bonne Terre
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bonne Terre Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
 (c) City or town Esther
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Charlotte Lane
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Manuel Lane
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased January 3 3 1889
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>		<u>19</u>	hr. min.

9. Birthplace unknown Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation housewife

11. Industry or business _____
 12. Name William Glore
 13. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Sara Farmer
 15. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Lane
 (b) Address Esther, Missouri
 17. (a) burial (b) Date thereof 1 23 47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Stony Point

18. (a) Signature of funeral director J. S. Boyer Esq
 (b) Address Leadwood Missouri
 19. (a) 1-27-47 (b) Esther Rudloff
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
 year 47 hour 5 minute am
 21. I hereby certify that I attended the deceased from Jan 15
 1947, to Jan 22 1947
 that I last saw her alive on Jan 22 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Peritonitis
cause unknown.

Due to _____
 Due to _____
 Other conditions Diabetes Mellitus Arteriosclerosis
 (Include pregnancy within 3 months of death)
Coronary vascular disease - heart failure
 Major findings:
 Of operations _____
 Of autopsy 61

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?
 While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature J. L. Foster (M. D. or other) _____
 Address Dealage Mo Date signed 1-23-47

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

289

HEALTH OFFICER No. 4
FILE NUMBER 247-170
FILED 2-3-47

MAY 8 1953

OCT 6 1953

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 Bert L. Boyer
Licensed Embalmer No. 3445
P. O. Address Leadwood, 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.