. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

17199

State File No.

Registration District No. 128 Primary Registration District No. 5466 Registrar's No. 454

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Medical Center for Federal Prisoners 0
(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 2 months, 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 39

(c) City or town Windsor, Ontario
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No) 0
If yes, name country Canada

3. (a) PRINT FULL NAME John Henry LANER #6069-H

3. (b) If veteran, name war Canadian Army World War 1

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Nellie Gates Laner

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

7. Birth date of deceased March (Month) 29 (Day) 1899 (Year)

8. AGE: Years 48 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Oil Springs, Ontario, Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business Automobile

FATHER
12. Name Thomas Henry Laner
13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No data
15. Birthplace Canada 2
(City, town, or county) (State or foreign country)

16. (a) Informant File MCFP
(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Winsor, Ontario Canada

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 6-6-47 (Date received local registrar) (b) W. L. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1947 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from our medical staff March 6, 1947, to May 29, 1947, that I last saw him alive on May 29, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolism, post-operative	Sudden
Due to Diaphragmatic hernia, right (Surgical Repair 5-29-47)	5 mo??
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Right Diaphragmatic Hernioplasty 5-29-47

Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature E W Morehead (M. D.)

Address Medical Center, Fed. Pris. Springfield, Missouri Date signed 6-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Juhan R Goodman Registered Apprentice No. 473 working under my personal supervision.

Signed Jewell E. Wurdle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.