

V. S. No. 2
00M-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21473**

FILED JUN 18 1947

Registration District No. **170**

Primary Registration District No. **2033**

Registrar's No. _____

53
1
2

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

1. PLACE OF DEATH:

(a) County **LACLEDE**

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

(c) Name of hospital or institution:
111 NORTH WASHINGTON
(If not in hospital or institution, write street number or location)

(d) Length of stay: **One Year** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Samuel H. LANE**

3. (b) If veteran, name war _____ **3. (c) Social Security** No. **513-24-7505**

4. Sex **M** **5. Color or** **W** **6. (a) Single, widowed, married,**
race **divorced** **MARRIED**

6. (b) Name of husband or wife **Jennie Lane** **6. (c) Age of husband or wife if**
alive **61** **years**

7. Birth date of deceased. **March 23 1873**
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **11** If less than one day
hr. min.

9. Birthplace. **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Retired Farmer**

11. Industry or business.

MOTHER FATHER

12. Name. **S. M. Lane**

13. Birthplace. **9**
(City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. S. H. Lane**

(b) Address **Lebanon, Mo.**

17. (a) BURIAL **(b) Date thereof** **6-7-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **High Point Cem.**

18. (a) Signature of funeral director **PALMER'S**

(b) Address **LEBANON MO.**

19. (a) June 14, 1947 **(b) One Frankburger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Laclede** **53**

(c) City or town **Lebanon** **1**
(If outside city or town limits, write "RURAL")

(d) Street No. **111 No. Washington** **2**
(If rural, give location) **0**

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **4**
year **1947** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
1 May 1947 to 4 June 1947
that I last saw him alive on **4 June 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death
Scrubus Parviusus of
Stomach **1 yr.**

Due to _____

Due to _____

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

Major findings: **H6 B**
Of operations _____

Of autopsy _____

Duration

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 **Paul A. Jantke** **(M. D. or other)**
Lebanon Mo. **Date** **June 14, 1947**
While at work _____ (Specify type of place) (e) Means of injury _____

Received 6/16/47

Laclede County Health Unit

File No. ... 6/47-105

Date Filed 6/17/47

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..... *R. Palmer*

Licensed Embalmer No. *1161*

P. O. Address..... *Lebanon 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.