No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 2 1948

Registration District No. 176

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 5194

Registrar's No. 43

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium & Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2½ Days (Specify whether years, months or days)
In this community: 78 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence (If outside city or town limits, write "RURAL")
(d) Street No.: 1106 West Orchard (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: FRANK M. LANHAM
3. (b) If veteran, name war: ----------
3. (c) Social Security No.: ----------

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Susan Lanham
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: July (Month) 19 (Day), 1862 (Year)

8. AGE: Years 85 | Months 6 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace: Marion County (City, town, or county), Kentucky (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Standard Oil Company

MOTHER FATHER
12. Name: Silas Lanham
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Susan Meadows
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Susan Lanham
(b) Address: Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mound Grove Cemetery
18. (a) Signature of funeral director: Roland R. Speaks
(b) Address: Independence, Missouri
19. (a) 2-4-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd, year 1948 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory failure	
Due to: Cause unknown	
Due to: pending —	
Other conditions (Include pregnancy within months of death): Deputy Coroner	

Major findings:
Of operations:
Of autopsy: See Above

PHYSICIAN ADDITIONAL INFORMATION REQUIRED SUFFICIENT TO ENABLE THE CAUSE OF DEATH WHICH DEATH WAS DUE TO BE CORRECTLY AND FULLY STATED.

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: Means of injury:

23. Signature: A. E. Usher (M. D. or coroner)
Address: 2800 Main Date signed: 2/5/48

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 .....

....., Registered Apprentice No. ....., working under my personal supervision.

Signed Roland R. Sparks

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

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.

S. No. 2B
M—3-45
I X43880

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. March

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 45

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jackson

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Frank M. Lanham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 19 (Day) 1862 (Year)

8. AGE: Years 85 Months 6 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Failure

Due to Cerebral Hemorrhage

Due to Carbon Monoxide

Other conditions Intoxication
(Include pregnancy within 3 months of death) Gas stove

Major findings:
Of operations 178C
Of autopsy 13

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) Accident

(b) Date of occurrence 2/11/48

(c) Where did injury occur? Independence (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? NO (e) Means of injury Poison

23. Signature A. E. Upsher (M. D. or other) M.D.

Address 2800 Main Date signed

S-5194 1948