

No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED FEB 19 1948

Registration District No. 209

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5476

State File No.

Primary Registration District No. 3042

Registrar's No. 52

1. PLACE OF DEATH:

(a) County, Marion
(b) City or town, Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 427 Riverside St
(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, Missouri (b) County, Marion **64**
(c) City or town, Hannibal **5**
(If outside city or town limits, write "RURAL")
(d) Street No., 427 Riverside **4**
(If rural, give location) **0**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Edmond Lane

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, Widowed
6. (b) Name of husband or wife, Susan Lane (c) Age of husband or wife if alive..... years
7. Birth date of deceased, March 22, 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
99 10 11 hr. min.

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

10. Usual occupation, Retired

11. Industry or business.....

12. Name, Harrisson Lane

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

14. Maiden name, Jane Brown

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

16. (a) Informant, Mrs. Ella Rogers

(b) Address, 427 Riverside St. Hannibal MO

17. (a) Burial (b) Date thereof, Feb 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, Marble Creek

18. (a) Signature of funeral director, James O'Donnell

(b) Address, Hannibal MO

19. (a) 2-12-48 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature) **189**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month, February day, 2nd
year, 1948 hour, - minute, 7:20 P.M.

21. I hereby certify that I attended the deceased from Jan 28, 48
....., 19..... to Feb 2, 1948
that I last saw him alive on 1 Feb 48
and that death occurred on the date and hour stated above.

Immediate cause of death, Bronchopneumonia

Due to.....
Due to.....

Other conditions, infection
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsies.....

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)
While at work?..... (a) Means of injury.....
23. Signature, M. J. Keller (M. D. or other) **0**
Address, Hannibal MO Date signed, Feb 10/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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. 497

working under my personal supervision.

Signed.....

Michael J. O'Hannell

Licensed Embalmer No. 3246

P. O. Address.....

Hannibal, 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.