S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7523

Registration District No. 327 Primary Registration District No. 4484 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Commerce
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: P. O. Box 55
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community 80 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 100
(c) City or town Commerce
(If outside city or town limits, write "RURAL")
(d) Street No. P. O. Box 55
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---------

3. (a) PRINT FULL NAME Sim Lane
3. (b) If veteran, name war --------
3. (c) Social Security No. --------
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daisy Lane
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 20 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	11	21	hr. min.

9. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ----------
FATHER
12. Name Sim Lane
13. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Daisy Lane
(b) Address Commerce, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Commerce, Mo. Cemetery
18. (a) Signature of funeral director F. L. Sparks.
(b) Address Cape Girardeau, Mo.
19. (a) (Date received local registrar) (b) Mrs Addie Held (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1948 hour 10: minute 45 A. M.
21. I hereby certify that I attended the deceased from 12-15- 1947 to 1-5- 1948 that I last saw him alive on 1-5- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	3 mons (Estimate)
Due to Chronic Nephritis	6 mons (Estimate)
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 131B

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. A. Fogel (M. D. or other)
Address 2012 S. Lacrosse St. Charleston Mo. Date signed 1-14-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 348-306
Date Filed 3-2-48

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 David Hayes, Registered Apprentice No. 57, working under my personal supervision.

Signed Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.