

S. No. 3908
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19556
Registrar's No. 2549

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1109 Armour Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass. (b) County Middlesex ⁹⁹⁹

(c) City or town Cambridge ¹⁹
(If outside city or town limits, write "RURAL")

(d) Street No. 1200 Massachusetts Avenue ^C
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) ²
If yes, name country _____

3. (a) PRINT FULL NAME Gerald Michael LENANE

3. (b) If veteran, name war World War # 2.

3. (c) Social Security No. 030-14-6822.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 th
year 1948 hour 3:00 minute P.M. ^m

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

21. I hereby certify that I attended the deceased from Crown, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

7. Birth date of deceased October 19th, 1923.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>7</u>	<u>28</u>	hr. _____ min.

Immediate cause of death _____

Due to Myocardial Infarction

Due to _____

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

10. Usual occupation School Teacher

11. Industry or business Public Schools

Other conditions g2d
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

MOTHER FATHER

12. Name Frank E. Lenane

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

14. Maiden name Elizabeth Bailey

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy no
History & Inspection

16. (a) Informant Bailey Lenane, brother,

(b) Address Cambridge, Massachusetts

17. (a) Removal (b) Date thereof 6/18/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cambridge, Mass.

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? _____

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood, K. C. Mo

19. (a) 6/18/48. (b) Stredline Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Sam Clady (M. D. or other) _____
Address 1924 Mt. St. Mary Date signed 6-18-48

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.