

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31768

FILED SEP 24 1948

State File No. _____

Registration District No. 346

Primary Registration District No. 4507

Registrar's No. _____

1. PLACE OF DEATH

(a) County Stone

(b) City or town Crane
(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 Missouri (b) County Stone 104

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

(d) Street No. _____ (If rural, give location) 11

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

If yes, name country _____

3. (a) PRINT FULL NAME J. C. Lane

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1948 hour 10 minute 4 M.

21. I hereby certify that I attended the deceased from June - 1
1943, to Sept 14 1948
that I last saw him alive on Sept 13 1948
and that death occurred on the date and hour stated above

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: mar - 29 - 1877
(Month) (Day) (Year)

Immediate cause of death myocardial failure
Embolus

Due to Embolus Chronic Duration 20 yr.

Due to _____

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

8. AGE: Years Months Days If less than one day

71 5 15 hr. min.

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

10. Usual occupation Retired Railroader

11. Industry or business _____

12. Name William Lane

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Christina V. Josays

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Betty Hunter

(b) Address Crane mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/48
(Month) (Day) (Year)

(c) Place: burial or cremation Crane mo

18. (a) Signature of funeral director Ray H. Marlow

(b) Address Crane mo

19. (a) _____ (Date received local registrar)

(b) _____ (Registrar's signature) 2/17

PHYSICIAN

Major findings: _____

Of operations 92E

Of autopsy _____

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? _____

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

23. Signature A. L. Kerr (M. D. or other) _____

Address Crane mo Date signed 9/16/48

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

MOTHER FATHER

100 30 f 10 4

SEP 24 1934

OCT 14 1934

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 *Henry H. Manlove*

Licensed Embalmer No. *3827*

P. O. Address *Evans 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.