

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27346**

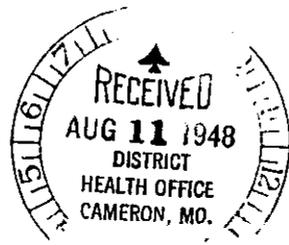
BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3839** Registrar's No. **235**

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline, Rural	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Marceline, Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis		e. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis	
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Carter	
c. (Last) Lane		4. DATE OF DEATH (Month) (Day) (Year) August 1, 1949	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 17, 1884
9. AGE (In years last birthday) 68		10. MONTH 4	11. DAYS 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer		10b. KIND OF BUSINESS OR INDUSTRY Santa Fe R.R.	
11. BIRTHPLACE (State or foreign country) Browning, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Benjamin F. Lane		13b. MOTHER'S MAIDEN NAME Mary Catherine	
14. NAME OF HUSBAND OR WIFE Mrs. Anna Lane		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Lane	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS Marceline, Mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTICIPATED CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Rectum		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		154X	
19a. DATE OF OPERATION July 1948		19b. MAJOR FINDINGS OF OPERATION Cancer of rectum	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Aug 1, 1949 to Aug 1, 1949 , that I last saw the deceased alive on Aug 1, 1949 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Robert J. ...		23b. ADDRESS Marceline, Mo	
23c. DATE SIGNED 8-3-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE August 4, 1949		24c. NAME OF CEMETERY OR CREMATORY Roselawn	
24d. LOCATION (City, town, or county) (State) Marceline, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE James M. Laughlin	
DATE REC'D BY LOCAL REG. 8/3/49		REGISTRAR'S SIGNATURE Mary Jane Owens	
25. ADDRESS Marceline, Mo		25. ADDRESS Marceline, Mo	

SEP 14 1949



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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Blanche W. Langille

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.