

AUG 16 1940 358

Registration District No.

5502

Registrar's No.

7

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Chilhowee, Rural Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 12
(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

3. (a) PRINT FULL NAME Charles E. Lane 500
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
8. (b) Name of husband or wife _____ 8. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 19th 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 8 hr. min.

9. Birthplace Petersburg, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Wm H. Lane 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J. Lane
(b) Address Chilhowee, Mo

17. (a) Burial (b) Date thereof July 29-40
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation Carsville Cem.

18. (a) Signature of funeral director A. L. Good
(b) Address Chilhowee, Missouri

19. (a) 7/29 1940 (b) E. G. Huber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Chilhowee, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th
year 1940 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from July 27, 1940, to July 27, 1940;
that I last saw him alive on about July 15, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Permanent Death
Due to chronic myocarditis Unknown

Due to _____
Other conditions (include pregnancy within 3 months of death) 92C

Major findings: _____
Of operations _____
Of autopsy _____
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? _____

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

23. Signature E. G. Huber (M. D. or other) MD
Address Chilhowee, Mo Date signed July 29/40

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

42

RECEIVED

District Health Officer No. 7,

District File Number

8-40-1107

Date Filed

8-8-40

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.....

O. L. Cook

Licensed Embalmer No.....

2708

P. O. Address.....

Chelhouse

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25293

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 358

Primary Registration District No. 5302

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Chilhowee T.P.
(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

3. (a) PRINT FULL NAME Charles E. Lane
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife _____
 6. (c) Age of husband, or wife, if alive _____ years
 7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 8
 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 12. Name _____
 { 13. Birthplace _____
(City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____
 (9) (a) 7-29-1940 (b) E. G. Hibler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

19. MONTH OF CERTIFICATION
 20. DATE OF DEATH: Month July day 27
 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 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?
(Specify type of place)
 While at work _____ (2) Means of injury _____

23. Signature S. B. Hughes (M. D. or other) _____
 Address Clinton Mo Date signed _____

SUPPLEMENTARY

