

National Office of Vital Statistics
FILED JAN 8 1948

Registration District No. **137**

Primary Registration District No. **3023**

Registrar's No. **274**

1. PLACE OF DEATH:

(a) County **Herry**
 (b) City or town **Clinton**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Wetzel Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 weeks**
 (Specify whether
 In this community **2 yrs**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Herry**
 (c) City or town **Balham**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Westcrest Prop**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **LETHA BERN LANE**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **F** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Leonard Lane**
 6. (c) Age of husband or wife if alive **30** years
 7. Birth date of deceased **July 3, 1918**
 (Month) (Day) (Year)

8. AGE: Years **29** Months **5** Days **26**
 If less than one day hr. min.

9. Birthplace **Benton Co. Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business
 12. Name **Perry Stevens**
 13. Birthplace **Clinton Mo**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Elvira Alexander**
 15. Birthplace **Clinton Mo**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Leonard Lane**
 (b) Address **Balham, Mo, 1341**

17. (a) **Burial** (b) Date thereof **12-31-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laurel Oak Cem.**

18. (a) Signature of funeral director **J. S. Cassant**
 (b) Address **Clinton Mo**

19. (a) **12-30-47** (b) **J. R. Kenney**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29**
 year **1947** hour **1:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **2-25**, 19**47**, to **12-29**, 19**47**
 that I last saw her alive on **12-29**, 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of brain**

Due to **cancer of sigmoid**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 true of place) (e) Means of injury

23. Signature **R. J. Powell** (M. D. or other)

Address **Clinton Mo** Date signed **12/30/47**

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

MOTHER FATHER

JAN 23 1948

RECEIVED
District Health Officer No. 7,
District File Number 12-47-2016
Date Filed 1-7-48

JAN 13 1948

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 H. J. Vansant
Licensed Embalmer No. 3779
P. O. Address Clinton

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.