

JAN 13 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44276
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township _____ Primary Registration District No. 0683032 Registered No. 358
 (c) City Sedalia or _____ (d) Street No. Battlement Wash St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SILAS PAUL LANE
 (a) Residence, No. 408 E Bonville St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ladie Lane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 7 6 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad Shop
 10. Date deceased last worked at this occupation (month and year) 12/30/39 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Missouri

FATHER
 13. NAME Harrison Lane
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Illinois

MOTHER
 15. MAIDEN NAME Rovena Phillips
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Silas Paul Lane Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE July 2 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. Laughlin Bies Sedalia

20. FILED 12-30-39 Mrs. Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 1939

22. I HEREBY CERTIFY That I attended deceased from As Coroner case only 1939.
 It is As Coroner case only Death is said to have occurred on the date stated above, at 1:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Accidental death Date of onset _____

Other contributory causes of importance: 395 MW
11

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 12-30, 1939
 Where did injury occur? Sedalia, Missouri
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Explosion of oil tank
 Nature of injury Chromium - being punctured

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Gordon Steuffacher, M.D.
 (Signed) Gordon Steuffacher
 (Address) Coronary Pettis County

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/21/40

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.....

Ralph E. Baker

Licensed Embalmer No.

2419

P. O. Address.....

Seetalia

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.