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ev. 5-17-39
I. X32873

20418

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 14 10 15
Registration District No. 157

Primary Registration District No. 4218

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Community Rest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In Hospital or institution 7 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Brunswick
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Mary G. Lane

3. (b) If veteran, name war..... 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28
year 45 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 3
1945 to June 28 1945
that I last saw her alive on June 28 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Central Nervous System Duration 7 hrs.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced MARIED
6. (b) Name of husband or wife John A. Lane 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased June 29 1856
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 29 If less than one day hr. min.

Due to Cerebrovascular
Due to

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

10. Usual occupation housewife
11. Industry or business

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER
12. Name Nathan Wood
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Necessary
15. Birthplace Virginia (City, town, or county) (State or foreign country)

Major findings: Of operations

16. (a) Informant John A. Lane
(b) Address Brunswick MO
17. (a) Burial (b) Date thereof 6-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smith Bend Cemetery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director Chas. Ricketts
(b) Address Brunswick MO
19. (a) June 28 (b) Daytone Browner
(Date received local registrar) (Registrar's signature)

23. Signature George W. Underwood (M. D. or other) J. D.
Address Windsor MO Date signed 6-29-45

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

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1391

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7;

District File Number 1-43-692

Date Filed 7-12-43

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 Jam Hunt

Licensed Embalmer No. 2282

P. O. Address Dequater, 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.