

FEB 23 1937

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

Do not use this space.

1638

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Research Hosp. 1) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME John Arthur Lenertz

(a) Residence No. 1406 Johnstone-Bartlesville Okla.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Genevieve Lenertz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 11 35

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1, 1936 11. Total time (years) spent in this occupation 17 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Branscato Minn.

13. NAME John Ben J. Lenertz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Branscato Minn.

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT John A. Lenertz, Jr. (ADDRESS) Bartlesville, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bartlesville, Okla.

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS)

20. FILED Jan 25 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936 to Jan 25, 1937

I last saw him alive on Jan 5 Death is said to have occurred on the date stated above, at 11:35 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic
glomerulo nephritis
(chronic)

Other contributory causes of importance:

Hypertension
arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) Emald Black M. D.
(Address) 944 1/2 S. 4th

WRITE PLAINLY WITH UNFADING INK—THIS IS A VITAL RECORD—PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Prof. Bldg.

Vi 8481

6215 Emory Lane

come to 63

3 black weaver

of 63 to 64

to take on info.

turn south to

2nd house on

east side of street