

REC'D MAR 24 1938

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

8258
Do not use this space.

1. PLACE OF DEATH
(a) County Sabine Registration District No. 796
(b) Township Marshall Primary Registration District No. 3038 Registered No. 24
(c) City Marshall, Mo. (d) Street No. _____
(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 2 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? 42 yrs. & mos. & ds.

2. PRINT FULL NAME BERTHA E LENTZ 532
(a) Residence, No. 50 Davis St. Marshall, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Lentz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1895
7. AGE YEARS 42 MONTHS 5 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith, Mo.

FATHER
13. NAME August Danitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Maggie Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) F. O. Danitz Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith, Mo. DATE Feb. 7, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. Leslie Perry Marshall, Mo.

20. FILED 2-5-38 Mary Kent Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938, to Feb. 4, 1938. I last saw him alive on Feb. 4, 1938. Death is said to have occurred on the date stated above, at 10:30 P. m.
The principal cause of death and related causes of importance were as follows:

Celvic carcinoma in urinary bladder, colon, vagina, cervix. Date of onset 1934

Other contributory causes of importance: 48"

Name of operation Hysterectomy Date of 1-31-36
What test confirmed diagnosis? micro Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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? no
If so, specify _____
(Signed) M. C. Danitz, M. D.
(Address) Marshall, Mo.

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.

48

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Surrus, Licensed Embalmer No. 3235
 hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Leslie Surrus
 L. E.
 No. 3235 or by _____, Registered Apprentice No. _____
 working under my personal supervision.

Signed J. Leslie Surrus
 Licensed Embalmer No. 3235

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.)

SOCIETY OF AMERICAN EMBALMERS, DIRECTOR GENERAL OF OCCUPATIONS, 1234 N. W. 10th St., MIAMI, FL 33136
 COUNCIL OF DISTRICTS, 1234 N. W. 10th St., MIAMI, FL 33136
 COUNCIL OF DISTRICTS, 1234 N. W. 10th St., MIAMI, FL 33136

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

(a) County Saline
(b) Township
(c) City Marshall
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 796
Primary Registration District No. 3038

Registered No. _____ St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertha E Lentz

(a) Residence, No. _____ St. 0
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said to have occurred on the date stated above, at... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 5 12

Pelvic Carcinoma involving bladder colon vaginal vault

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Origin: 22 months ago - (Apr. 1936)

Date of onset

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

Other contributory causes of importance

May 5, 1908

45-

FATHER 13. NAME

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

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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.

17. INFORMANT (ADDRESS)

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19...

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) G. A. Aiken, M. D.

(Address) Marshall

20. FILED _____, 19...

Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly understood.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

PHYSICIANS should state EXACTLY. OCCUPATION is very important.

