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4-41  
7-39  
X26390

DEC 22 1941 **399**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Luke's**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **24 years**  
(Specify whether years, months or days)  
In this community **24 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4526 Washington**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **26**  
year **1941** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **11-26**  
**1941** to **11-26** 19**41**;  
that I last saw him alive on **11-26** 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Urbanian - Probably cerebral thrombosis**  
Due to \_\_\_\_\_  
Due to **8 3/15**

Duration  
**36 h??**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **Refused**

PHYSICIAN  
Underline the cause to 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 type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **W. J. ...** (M. D. or other)  
Address **Plain ...** Date signed **11-27-41**

3. (a) PRINT FULL NAME **Otis Range Lantz**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **511-10-7461**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Vesta Lee Lantz**  
6. (c) Age of husband or wife if alive **not given** years

7. Birth date of deceased **January 7 1893**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**48 10 19** hr. min.

9. Birthplace **Browning Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business **Motor Car Salesman**

12. Name **Lot C. Lantz**

13. Birthplace **Not Known**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jennie Moore**

15. Birthplace **Not Known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Vesta Lee Lantz**

(b) Address **4526 Washington**

17. (a) **Burial** (b) Date thereof **11-28-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetary**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **11-27-41** (b) **M. M. Crown**  
(Date received local registrar) (Registrar's signature)

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

Mc

*Dr. Stanger*  
*Prof. B. B.*

*1/3*

*Approved 2-5-57*  
*Dr. Stanger*  
*3150*  
*Dr. Stanger*  
*Dr. Stanger*

**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 *Clarence W. Chiles*  
Licensed Embalmer No. *3473*  
P. O. Address *16 C 760*

**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.**