S. No. 2
I—9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 16 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9390

State File No. 5

Registration District No. 1 Primary Registration District No. 5005 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Millard, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ray Lantz Home Millard, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1

(c) City or town Millard (Rural) 0 (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CLARA MAUDE LANTZ

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex 7

5. Color or race W 1

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife John R. Lantz

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 10 (Month) 13 (Day) 1869 (Year)

8. AGE: Years 73 Months 4 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Adair (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Rufus J. Richey
13. Birthplace Zanesville Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Nancy Williams
15. Birthplace Mercer Co. Pa. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Ray Lantz

(b) Address Kirksville RFD 6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/43 (Month) (Day) (Year)

(c) Place: burial or cremation Stukey Cem. Millard, Mo

18. (a) Signature of funeral director Summers & Powell

(b) Address 115 W. Jefferson

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1 year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W. C. Summers Coroner (M. D. or other)

Address Kirksville Date signed 3/3/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-43-593
Date Filed MAR 12 1943

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 W. C. Summers

Licensed Embalmer No. 21 59

P. O. Address Kirksville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

7. S. No. 2B
0M—8-21-41
P I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9390

Registration District No. 1 Primary Registration District No. 0-005 Registrar's No. 0-0-

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Millard
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara M. Lantz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 13 (Day) 1866 (Year)

8. AGE: Years 73 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Grundy Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3/3/43 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 1 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY