No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

X24964

State File No.

Registration District No. 128 Primary Registration District No. 200D Registrar's No. 601

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 27 days (Specify whether In this community 27 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 30

(a) State Missouri (b) County Dallas

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

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

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Mary Elizabeth Dulin Lentz

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jerry Augusta Lentz

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month), 12 (Day), 1880 (Year)

8. AGE: Years 63 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Iredell, County (City, town, or county) North Carolina (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER

12. Name William M. Dulin

13. Birthplace Unk. (City, town, or county) Unknown 9 (State or foreign country)

14. Maiden name Julia Miller

15. Birthplace Unk. (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant Mrs Louis Marie arty

(b) Address Racine Wisconsin

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7 (Month), 28 (Day), 1943 (Year)

(c) Place: burial or cremation Oak Lawn Cemetery Buffalo Mo

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo.

19. (a) 7-29-43 (Date received local registrar) (b) Dr W. G. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1943 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from June 7 - 1943, 19 to July 26, 1943; that I last saw her alive on July 23, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	4 days
Due to: Carcinoma of Gall Bladder	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death)	46 f

Major findings: Of operations: Carcinoma of Gall Bladder - invading liver

Of autopsy

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 [signature] (M. D. ~~or other~~)

Address Springfield Mo Date signed 7/29/43

(Licensed Embalmer's Statement on Reverse Side)

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 Clyde Montgomery

Licensed Embalmer No. 35092

P. O. Address Buffalo 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.