

S. No. 2
A-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30802

State File No. _____

3982

Registrar's No. _____

FILED SEP 28 1943
Registration District No. 49

Primary Registration District No. 1002

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

1. PLACE OF DEATH

(a) County Jackson

(b) City or town J. C. mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Trinity Lutheran Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)

In this community 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jackson ⁹⁹⁹

(c) City or town Stillmore Rural ¹⁴
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____ 2

3. (a) PRINT FULL NAME Katherine Lentner

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1943 hour 1:53 minute P. M.

4. Sex Fe 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Adolph (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Nov. 28 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 30 1943 to Sept 13 1943
that I last saw her alive on Sept 13 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

48 9 15 hr. _____ min.

Immediate cause of death Pulmonary Embolism sudden

Duration _____

9. Birthplace Washington Iowa 1
(City, town, or county) (State or foreign country)

Due to _____

Due to 111a

10. Usual occupation at Home

Other conditions Chr planning
(Include pregnancy within 3 months of death)

reced years

11. Industry or business _____

MOTHER FATHER

12. Name Charley Deane

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

14. Maiden name Julia Hanney

15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

Major findings: Pt. cystic ovarian disease. Recurrent appendicitis

Of operations _____

Of autopsy none

PHYSICIAN _____

Underline cause to which death should be charged statistically.

16. (a) Informant Julia Tallman

(b) Address 2632 Jackson

17. (a) removal (b) Date thereof 9-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee Kans

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? _____

18. (a) Signature of funeral director Walter J. Hage

(b) Address Overland Park, Kans

19. (a) 9-15-43 (b) J. E. Debus Dep.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury ✓

23. Signature J. E. Debus (M. D. or other) no

Address 907 Rielle Bldg Date signed 9/15/43

Mr. Jensen
Casket & Body
No 2389

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: J. S. Walton

Licensed Embalmer No. 2764

P. O. Address. K. C. 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.