S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37369

Primary Registration District No. 1002

Registrar's No. 4890

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 5 days (specify whether
In this community 5 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3

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

(d) Street No. 6032 Troost
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME VIRGIL HIRAM LENTZ

3. (b) If veteran, name war No

3. (c) Social Security No. no #

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Octavia Lentz

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

7. Birth date of deceased May (Month) 3 (Day) 1881 (Year)

8. AGE: Years 62 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Hiram J. Lentz
13. Birthplace Ray (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Ivdonetta Metts
15. Birthplace Dayton (City, town, or county) Ohio 0 (State or foreign country)

16. (a) Informant O. J. Lentz

(b) Address Hardin Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 19. 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Lawlock MISSOURI

18. (a) Signature of funeral director THURMAN FUNERAL HOME

(b) Address RICHMOND, MISSOURI

19. (a) 11-19-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1943 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from November 13, 1943, to November 18, 1943; that I last saw him alive on November 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident

Due to 83

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 Drury R. Thom 0 (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 11-19-43

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.