

FILED JAN 12 1944

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Rochanow
(b) City or town St. Joseph
(c) Name of hospital or institution State Hosp. No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay 2 1/2 years 3 mths 8 days
(Specify whether in hospital or institution)
In this community 2 1/2 years 3 mths 8 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

HARRY U LAZENTY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced 3 0

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

7. Birth date of deceased Jan 24 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Iowa _____
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Iowa _____
(City, town, or county) (State or foreign country)

16. (a) Informant Clerk of Court _____
(County)

(b) Address Maryville Mo

17. (a) Buried (b) Date thereof 12-13-43
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place of burial or cremation St. Joseph Home

18. (a) Signature of funeral director Maryville Mo
(b) Place of burial Maryville Mo

19. (a) 12-13-43 (b) Prepared by
(Date received local registrar) (Signature of preparer)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1943 hour _____ minute 4 A. M.

21. I hereby certify that I attended the deceased from December 8th, 1943, to December 10, 1943 that I last saw him alive on December 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
old age

Duration 2 days

Due to Arterio Sclerosis

Due to Manic Depressive

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

Major findings:
Of operations _____
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?

While at work _____ (Specify type of place)
(or) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Maryville Mo Date signed 12-13-43

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

Wm L Lee

Licensed Embalmer No.

2539

P. O. Address

Maryville 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan.
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: State Hosp. no. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 yr. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Harry U. Lazenty

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased Jan. 24 1888
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

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

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 _____

20. DATE OF DEATH: Month Dec. year 1943 hour _____ minute _____ M.

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

Immediate cause of death Uremia chronic nephritis
old age

Due to arterio sclerosis

Due to manic depressive

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

131h

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTAL

MEDICAL CERTIFICATION

Duration 1 with
Underline the cause to which death should be charged statistically.

5-41648