S. No. 2
M—5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6388

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 65

19
2
9

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Cl. Freeman D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs. (Specify whether

In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")

(d) Street No. 2611 Murphy 3 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Claudia Lantz

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife William H. Lantz

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

7. Birth date of deceased October 26, 1869. (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business same

FATHER
12. Name Wilson Reynolds
13. Birthplace Illinois. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia V. Draper
15. Birthplace Illinois. 1 (City, town, or county) (State or foreign country)

16. (a) Informant L. Cox

(b) Address 2611 Murphy

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-7-45 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 2-2-45 (Date received local registrar) (b) Gertrude Lindhalter (Registrar's signature)

1204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1 year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Did Not Attend, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Shock

Due to 2/3 of Body being burned.

Due to Accidental Burns

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 18 1/2 Coroner Investigation

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) Accident 122

(b) Date of occurrence 2-1-45

(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury

23. Signature H. W. Hoefelt Coroner (M.D. or other) 2 Do

Address Date signed 2-2-45

(Licensed Embalmer's Statement on Reverse Side)

45-2-123

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~~ Donald L. Blue, Registered Apprentice No. 377, working under my personal supervision.

Signed Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.