

FILED AUG 9 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

In this community 47 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton 73

(c) City or town Stella
(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 _____

3. (a) PRINT FULL NAME Mary Emma Lentz

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1945 hour 12 minute 30 P. M.

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

6. (b) Name of husband or wife G. F. Lentz 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug 27, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 - 1944
_____ 19____ to 6/24 - 1945
_____ 19____ and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 9 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death left pneumonia of left pleura & lung

Due to _____

Due to _____

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

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

Major findings: Of operations 462

Of autopsy _____

10. Usual occupation _____

11. Industry or business Housewife

12. Name William Baker

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

14. Maiden name Harriet Lentz

15. Birthplace No record
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J. E. Lentz

(b) Address Stella, Mo

17. (a) Burial (b) Date thereof 6/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia

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 Wheaton

(b) Address Wheaton, Mo

19. (a) 7-20-1945 (b) Alphonse Hale Sizer
(Date received local registrar) (Registrar's signature)

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

23. Signature Cardwell (M. D. or other) _____
Address Stella, Mo Date signed 6/24/45

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

306

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.

RECEIVED AUG 7 1945

Signed Wm. Marvin Payne

District Health Officer No. _____

Licensed Embalmer No. 3442

District File Number 745-137

P. O. Address Wheaton, Mo

Date Filed AUG 7 1945

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.