

S. No. 2  
M-8-43  
5-17-39  
P 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1555

State File No. \_\_\_\_\_

5464

FILED JAN 21 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3321 Indiana Avenue  
(If not in hospital or institution, write street number or location).  
(d) Length of stay: In hospital or institution. 30 Years (Specify whether  
In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3321 Indiana Avenue  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PERCY D. LORENTZ  
3. (b) If veteran, name war World War 1  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jeanette Lorentz  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased Feb. 12, 1882  
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Janitor Supply

11. Industry or business for self

12. Name Frank Lorentz

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

14. Maiden name Unknown

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

16. (a) Informant Jeanette Lorentz

(b) Address 3321 Indiana Avenue

17. (a) Cremation (b) Date thereof 1-2-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 12-31-45 (b) Shiraldine Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30  
year 1945 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 1944 19 Dec 30 19 46  
that I last saw him alive on Dec 29 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSION (Aortic)  
CHRONIC NEPHRITIS WITH EDMA

Duration  
425  
425

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 0 1316

Of autopsy 0

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)

(e) Means of injury \_\_\_\_\_

23. Signature P.C. J. [unclear] (M. D. or other)

Address 6665 [unclear] St. [unclear] Date signed 1-2-46

100337  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 4 1946

FEB 18 1946

*O. P. R. ...*  
*6944 ...*  
*Sp. 47938*  
*7:30 A.M.*

**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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, 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.**