

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3816

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

**FILED** FEB 24 1946  
Registration District No. 277

Primary Registration District No. 4446

Registrar's No. 821

1. PLACE OF DEATH:

(a) County Ray

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community All life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Hardin  
(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 Olin Jefferson Lentz

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lola Grace Lentz

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: Jan. 28. 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name H. J. Lentz

13. Birthplace Ray Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Ivanetta Metz  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. O. J. Lentz

(b) Address Hardin. Mo.

17. (a) Burial (b) Date thereof Jan. 9. 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin. Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Richmond. Mo.

19. (a) Jan 8 - 1946 (b) Mabel Jackson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6  
year 1946 hour 3 minute 45.P. M.

21. I hereby certify that I attended the deceased from August 1,  
1945 to January 5, 1945  
that I last saw him alive on Jan 5, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Myocarditis

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

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M. D.

Address Richmond Mo Date signed 1/6/46

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

1833

27D

(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, ~~###~~  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*E. H. ...*

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.**