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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29601

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1065

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:
2309 Edmond Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2309 Edmond Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daniel Wesley Lentz
3. (b) If veteran, name war No
3. (c) Social Security No. 487-28-0085
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlotte Louise Lentz
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased October (Month) 8 (Day) 1880 (Year)

8. AGE: Years 65 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Logan (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Kirwan Furnature Co.,

FATHER
12. Name Henry Lentz
13. Birthplace Hamburg (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Leoslin
15. Birthplace Vienna (City, town, or county) Austria (State or foreign country)

16. (a) Informant Donald F Lentz
(b) Address 2309 Edmond St., St. Joseph, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri.
19. (a) Sept. 25, 1946 (Date received local registrar) (b) A. J. Mittelbush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1946 hour 1 minute 45 A.M.
21. I hereby certify that I attended the deceased from Sept 21, 1946 to Sept 22, 1946
that I last saw him alive on Sept 22, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94B	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Leroi Beck M.D. (M. D. or other)
Address King Hill Bldg. St. Joseph, Mo. Date signed 9/23/46

34 (Licensed Embalmer's Statement on Reverse Side)

OCT 9 1946

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. Elbert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.