

No. 2  
-12-45  
5-17-39  
P I X47070

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 12 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

325517  
State File No. \_\_\_\_\_  
Registrar's No. 399

Registration District No. 1 Primary Registration District No. 3000

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Kirksville  
(c) Name of hospital or institution: Grim-Smith Hospital & Clinic  
(d) Length of stay: In hospital or institution 16 days  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Linn 58  
(c) City or town Browning  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cecil Ross Lantz  
3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased September 26 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 0 24 hr. \_\_\_\_\_ min.

9: Birthplace Scottsville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER  
12. Name J. R. Lantz  
13. Birthplace Linn Co Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Tolley  
15. Birthplace W. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Maurie Lantz  
(b) Address Browning - Mo

17. (a) Burial (b) Date thereof 10-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hoover Cem - Browning

18. (a) Signature of funeral director Schoen  
(b) Address 1114 N. 11th Mo.

19. (a) 11-1-46 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 20  
year 1946 hour 12 minute 15 a.m.

21. I hereby certify that I attended the deceased from 4 October, 1946 to 20 Oct., 1946  
that I last saw him alive on 20 Oct., 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Bladder Hemorrhage  
Intermittent + uncontrollable Duration 2 wks.  
Due to Carcinoma of prostate benign?

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

Major findings: Of operations 51 B  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

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

23. Signature George E. Linn (M. D. or other) MD  
Address Parkville, Mo Date signed 10-21-46

(Licensed Embalmer's Statement on Reverse Side)

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

31387

RECEIVED  
District Health Officer No. 10  
District File Number 10-46-2025  
Date Filed NOV - 8 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 Dwight Schewe

Licensed Embalmer No. 2667

P. O. Address Urbana 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.