S. No. 2
M—8-43
v. 5-17-39
X37823

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

40054

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

Registration District No. 181

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5275

State File No. 41222

Registrar's No.

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town RURAL - 3½ miles south
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: of ELSBERRY, Mo
(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 TRAVELING THROUGH

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County 999

(c) City or town QUINCY
(If outside city or town limits, write "RURAL")

(d) Street No. ~~818~~ 819 JERSEY
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME WILLIAM GUY LANTZ

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 21 (Day) 1920 (Year)

8. AGE: Years 26 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation PLUMBER

11. Industry or business

FATHER
12. Name John C. Lantz
13. Birthplace Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edna Selby
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant John C. Lantz
(b) Address Dushanu Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Gaylan Rich
(b) Address Elsberry, Mo.

19. (a) Dec 17 (Date received local registrar) (b) Mrs. J. A. Alvarez (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1946 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from ~~, 19 to , 19~~; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage

Due to Fractured skull + complete crushing of chest.

Due to Accidental Death (Coroners Jury Verdict)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident 059

(b) Date of occurrence December 14, 1946

(c) Where did injury occur? (City or town) Lincoln (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Rider (e) Means of injury 7

23. Signature Dr. V. C. Althof (M. D. or other) Dr.
Address Lincoln County Coroner Troy, Mo Date signed 12/14/46

164 (Licensed Embalmer's Statement on Reverse Side)

MAR 3 1947

MAR 25 1947

FEB 24 1947

JAN 9 1947

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 Albert Dunker

Licensed Embalmer No. 2703

P. O. Address Quincy Ill.

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.