

S. No. 2
OM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1193**

FILED FEB 11 1947

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **391**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3608 East 36th St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 years _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kennett Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3608 East 36th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELLA MAY LENTZ

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Marion Lentz 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 21 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>84</u>	<u>11</u>	<u>7</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Marysville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Silas L. Johnson

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

14. Maiden name Margaret Johnson

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

16. (a) Informant Mrs Mabel R. Davis

(b) Address 3316 Parkway 27

17. (a) Burial (b) Date thereof Jan 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater, Mo

18. (a) Signature of funeral director James A Salzer

(b) Address Slater, Mo

19. (a) 1-27-47 (b) Geraldine Holmes
(Date received local Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1947 hour _____ minute 9:05 M.

21. I hereby certify that I attended the deceased from Jan 24 1947 to Jan 27 1947
that I last saw her alive on Jan 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Chor. myocardiitis
Duration 4 hrs 34 min

Due to _____

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. L. Johnson (M. D. or other) _____

Address 907 E. Health Bldg Date signed 1/27/47

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

MOTHER FATHER

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.....

James E. Jones
Licensed Embalmer No. *3143*
P. O. Address *Slater, 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.