S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 2 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14511

Registration District No. 274 — Primary Registration District No. 5927 — Registrar's No. 142

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Greenridge (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bryson ✓ Rural (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 3 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pettis 80
(c) City or town: 4 Miles Swest Greenridge (If outside city or town limits, write "RURAL") 0
(d) Street No. ✓ (If rural, give location) 0
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME: Andrew J. Lent
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary K
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: 8-21-1877 (Month) (Day) (Year)

8. AGE: Years 69 | Months 7 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace: Lawrence Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: George Lent
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name: Martha C Shaw
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Andrew J Lent
(b) Address: Greenridge
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairfield Mo
18. (a) Signature of funeral director: Fred Wellman
(b) Address: Clinton Mo
19. (a) 4-15-1947 (Date received local registrar) (b) Betty Yeager 351 (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15 year 1947 hour 3:40 minute A M

21. I hereby certify that I attended the deceased from March 6th 1947 to April 15 1947 that I last saw him alive on April 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Right Side — Duration 4½ Days
Due to: Hypertension
Due to: 0
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other) M.D.
Address: Windsor, Mo Date signed: 4-15 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-1-47

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.