

S. No. 2
M-12-45
v. 5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2739 Gillham
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution N/A (Specify whether
In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2739 Gillham
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Shelby Manton Lentz
3. (b) If veteran, name war no
3. (c) Social Security No. 491-14-0453

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 23
year 1947 hour 12 minute 40 A.M.

4. Sex Male 5. Color of hair brn
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tenia M Lentz
6. (c) Age of husband or wife if alive 5-4 years
7. Birth date of deceased 4 10 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 29, 1947 to June 23, 1947
that I last saw him alive on June 23, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 2 Days 19
If less than one day hr. min.

Immediate cause of death Myocardial Infarction
Atrial fibrillation
Due to _____
Due to _____

9. Birthplace Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation Govt. Employed

Other conditions (include pregnancy within 3 months of death)
Major findings: 940
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name John Lewis Lentz
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Bryant
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs Tenia Lentz
(b) Address 2739 Gillham
17. (a) Removal (b) Date thereof 6/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Stue M. McClure
(b) Address Kansas City Mo
19. (a) 6-24-47 (b) Sheldine Holmes
(Date received local registry) (Registrar's signature)

23. Signature Anthony J. Long (M. D. or other) D.O.
Address 1011 Lincoln Date signed June 23, 1947

AUG 18 1947

1511
R. G. Long
R. G. Long

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..... Robert H Reed

Licensed Embalmer No. 3745

P. O. Address: NC. 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.