S. No. 2
1—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8283

FILED MAR 24 1948

Registration District No. 18

Primary Registration District No. 5326

Registrar's No. 2

8
0
0

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

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Steelville Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Meramec Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CRAWFORD
(c) City or town STEELVILLE Mo 28
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country Crawford Mo 0

3. (a) PRINT FULL NAME SADIE, LENTZ.
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife GEORGE LENTZ
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 20 MARCH 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 28 If less than one day hr. min.

9. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER
12. Name STAPLES
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARTHA STAPLES
15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
16. (a) Informant GEORGE LENTZ
(b) Address STEELVILLE Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof 1-19-48
(Month) (Day) (Year)
(c) Place: burial or cremation BARNICAL CHAPEL
18. (a) Signature of funeral director L. J. Jones & Son
(b) Address STEELVILLE MO
19. (a) 3/6/48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-16- day 16th
year 1948 hour minute 1 P M.
21. I hereby certify that I attended the deceased from Jan 15, 1948 to Jan 16, 1948
that I last saw her alive on Jan 16, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	4 da.
Due to	
Due to	
Other conditions Senile debility. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 23B

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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature William S Robey (M. D. or other) DO
Address Steelville Mo Date signed 1/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No 5.
District File Number 348182
Date Filed 3/20/48

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.