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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17024

Registration District No. 231

Primary Registration District No. ~~5812~~ 4347

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Middletown (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 27 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monty 70

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

(d) Street No. ✓ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Morton Fletcher Lientz

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Lulu Lientz

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Feb (Month) 8 (Day) 1865 (Year)

8. AGE: Years 83 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Vevay (City, town or county) Ind (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Building

FATHER
12. Name Elhanan Lientz
13. Birthplace (City, town or county) (State or foreign country)

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

16. (a) Informant Mrs Lulu Lientz

(b) Address Middletown Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville Mo.

18. (a) Signature of funeral director Pritchett Kuhne

(b) Address Middletown Mo

19. (a) May 12-48 (Date received local registrar) (b) Zoe Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Apr. 26th 1948, to May 11th 1948, that I last saw him alive on May 11th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Uremia	
Due to Chronic Interstitial Nephritis	
Due to Arterio Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

1310

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. Hirsch (M. D. ~~or other~~)

Address Middletown, Mo Date signed 5/13-48

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No.

District File Number

Date Filed MAY 18 1948

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 G. C. Kuhne

Licensed Embalmer No. 3059

P. O. Address Williamsville, 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.