

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19030
State File No. 2629
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 mo</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				e. STREET ADDRESS (If rural, give location) <u>840 N. Chestnut</u> <u>3042</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Milburn</u>		c. (Last) <u>Lentz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 10 - 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12 - 25 - 71</u>	
9. AGE (In years) <u>82</u>		10. AGE (In years) <u>1</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Beaumont Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Religion</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Beaumont Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Lentz</u>		13b. MOTHER'S MAIDEN NAME <u>Fancy Moore</u>		13c. NAME OF HUSBAND OR WIFE <u>Josephine Lentz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Malnutrition</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Lentz</u> ADDRESS <u>K.C. Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition - cachexia dehydration</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Basal cell carcinoma of the face</u> DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>191X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10:45AM</u> <u>6-10</u> , 19 <u>54</u> to <u>3:20PM</u> <u>6-10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-10</u> , 19 <u>54</u> , and that death occurred at <u>3:20P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>D</u>				23b. ADDRESS <u>General Hospital No. 1</u>		23c. DATE SIGNED <u>6-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>N. G. Co's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Forrest City Ark</u>	
DATE REC'D BY LOCAL REG. <u>6-11-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight ...</u> ADDRESS <u>K.C. Mo</u>			

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert E. Kinnon*

Licensed Embalmer No. *484*

P. O. Address..... *R. E. Kinnon*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.
