S. No. 2
0M—2-43
v. 5-17-39
I X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4447

Registration District No. ____ Primary Registration District No. 3000 Registrar's No. 8

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

3483

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lynn 58
(c) City or town Browning 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) ____
If yes, name country ____

3. (a) PRINT FULL NAME Lot Coleman Lantz
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 Etta Lantz
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan (Month) 5 (Day) 1857 (Year)

8. AGE: Years 87 | Months 11 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Browning (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Retired Druggist
11. Industry or business ____

MOTHER
12. Name Lot Coleman Lantz
13. Birthplace ____ (City, town, or county) Penn (State or foreign country)

FATHER
14. Maiden name Permelia Scott
15. Birthplace ____ (City, town, or county) Penn (State or foreign country)

16. (a) Informant Sigmund Lantz
(b) Address Browning Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Howe Cem Browning Mo
18. (a) Signature of funeral director Wade Funeral Home
(b) Address Browning Mo
19. (a) 1-4-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
year 1946 hour 7 minute p. M.
21. I hereby certify that I attended the deceased from 27 Dec, 1945, to Jan 2, 1946
that I last saw h. alive on 2 Jan. 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia.	3 days
Due to Fracture left hip and left arm.	4 days
Due to ____	
Other conditions Nephritis, (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 58
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 27 Dec. 1945
(c) Where did injury occur? Browning (City or town) Linn (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature J. J. Skinner (M. D. or other) MD
Address Kirksville, Mo. Date signed 2 Jan. 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-46-344
Date Filed FEB-28-1946

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 Gerald I Wade

Licensed Embalmer No. 4172

P. O. Address Browning Mt

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.