

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41253

State File No. _____

Registration District No. 20

Primary Registration District No. 4014

Registrar's No. _____

3
2
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Alton

(b) City or town Tarkenton

(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 40 yrs. years, months or days

3. (a) PRINT FULL NAME Margaret Ann Lentz

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward Lentz

6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased July 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months — Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Scotland Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housework

12. Name Wm. Mathis

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Anderson

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Mathis

(b) Address Tarkenton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17-41
(Month) (Day) (Year)

(c) Place: burial or cremation Tarkenton Home Cemetery

18. (a) Signature of funeral director J. M. Davis

(b) Address Tarkenton Mo.

19. (a) Aug 18-41 (Date received local registrar) (b) E. M. Thayer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Alton

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

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1941 hour 5 minute 30 p.m.

21. I hereby certify that I attended the deceased from October, 1939, to Aug 15, 1941; that I last saw her alive on Aug 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Generalized atherosclerosis

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations 930

Of autopsy _____

Duration ?

PHYSICIAN 20 yrs

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 _____

23. Signature Ch. F. Physician (M. D. or other) _____
Address Box 203, Tarkenton Mo. Date signed 8-23-41

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.....
Geo. M. Davis

Licensed Embalmer No. *12394*

P. O. Address.....
Tarkenton

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.