

1938 SEP 21 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28762  
Do not use this space.

1. PLACE OF DEATH  
(a) County Shelby Registration District No. 260  
(b) Township Grandview Primary Registration District No. 5363 Registered No. ....  
(c) City ..... (d) Street No. ....  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Carinda Lynn 5171  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Lynn  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19, 1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 8 29  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terry, Va.  
13. NAME Chas. M. Cook  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind.  
15. MAIDEN NAME Mary Lee  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind.  
17. INFORMANT (ADDRESS) Ed Lynn  
18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron, Mo.  
Woods Aug 16, 1938  
19. FUNERAL DIRECTOR (ADDRESS) Ed Moore  
Cameron, Mo.  
20. FILED Aug 10, 1938 Madred M. Mahill  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9<sup>th</sup> 1938  
22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938 to Aug 9, 1938  
I last saw her alive on Jan 6, 1938 Death is said to have occurred on the date stated above, at 10<sup>th</sup>  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset Aug 9, 1938  
Other contributory causes of importance: Stroke  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Stroke  
(Signed) A. O. Gilliland M.D.  
Cameron, Mo. (Add(ess))  
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WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X 12004

**STATEMENT BY LICENSED EMBALMER**

I, *O. Moore* Licensed Embalmer No. 1180  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *O. Moore*  
I. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed *O. Moore*  
Licensed Embalmer No. 1180

**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.)**