

REC'D JAN 24 1939

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

43045
Do not use this space.

1. PLACE OF DEATH
(a) County Wentz Registration District No. 312
(b) Township Wentz Primary Registration District No. 5431A
(c) City Wentz Mo Street No. _____ Registered No. 25
(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.
2. PRINT FULL NAME John Andrew Lynch
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth A. Lynch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-30-1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 10 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) April 1935 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentz Mo
13. NAME Demill Lynch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Elizabeth A. Bang
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Go. York
17. INFORMANT (ADDRESS) Elizabeth A. Lynch
Wentz Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Stambers Mo DATE 12.23
19. FUNERAL DIRECTOR (ADDRESS) W. J. Gaggart
Wentz Mo
20. FILED 12.23 1938 Donald V. Gantz
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12.21.1938
22. I HEREBY CERTIFY That I attended deceased from July 25, 1936 to Dec 1, 1938
I last saw him alive on Dec 31, 1938 Death is said to have occurred on the date stated above, 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Albuminuria of heart
Blood vessels
Other contributory causes of importance:
None
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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?
If so, specify _____
(Signed) K. G. Cunningham M. D.
(Address) Wentz Mo

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.

W. G. ...

STATEMENT BY LICENSED EMBALMER

I, *R. G. Taggart*, Licensed Embalmer No. *25-63*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed *R. G. Taggart*
Licensed Embalmer No. *25-63*

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.)