

REC'D AUG 7 1939

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

24755
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002
 or Russell
 (c) City Kansas City (d) Street No. 6015 Meeker St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Jennie Moffett Lynn
 (a) Residence, No. 6015 Meeker St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Lynn
 8. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1854
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 10 6
 OCCUPATION 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.
 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) Ill
 FATHER 13. NAME James Moffett 5
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5
 MOTHER 15. MAIDEN NAME Isabell McCull
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT Mrs Wallace Tuttle
 (ADDRESS) 6015 Meeker
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washburn DATE 7-24 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Bledsoe
2825 Lindbergh KC Mo
 20. FILED 7-23 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1939
 I HEREBY CERTIFY That I attended deceased from July 20, 1939 to July 21, 1939
 I last saw h. liv. alive on July 21, 1939. Death is said to have occurred on the date stated above, at 7:50 p. m.
 The principal cause of death and related causes of importance were as follows:
 1- Coronary thrombosis
 2- Pulmonary edema
 3- Cardiac fibrillation
 4- Generalized arteriosclerosis years.
 5- Toxic thyroid, about 1 year
 Date of onset 7/19-39
 Other contributory causes of importance: 66
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Urines 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? _____
 If so, specify _____
 (Signed) Wm. J. Trumbull, M. D.
 (Address) 836 West Bledsoe

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.

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 W D Blackman

Licensed Embalmer No. 3639

P. O. Address K.C. Mo

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, above space should be left blank.