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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 16 1940

Registration District No. 547

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44006

Primary Registration District No. 3029

Registrar's No. 348

1. PLACE OF DEATH:

(a) County MARION

(b) City or town HANNIBAL (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LEVERING Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether

In this community 15 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RALLS

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

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

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

3. (a) PRINT FULL NAME IRENE CATHERINE LYNN 500

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MARCH 29 1923 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
16	8	18	hr. min.

9. Birthplace PIKE CO MO (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOME

FATHER
12. Name EVERETTE LYNN
13. Birthplace PIKE CO MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name BERNIECE DISSMILLER
15. Birthplace PIKE CO MO (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Everette Lynn

(b) Address Center Mo

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 12/19/39 (Month) (Day) (Year)

(c) Place: burial or cremation SALEM Cem. Center Mo

18. (a) Signature of funeral director Giles R Hulse

(b) Address Center

19. (a) 12/27/39 (Date received local registrar)

(b) W C Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17th year 1939 hour 11:10 P minute P M.

21. I hereby certify that I attended the deceased from Dec 14-39 ~~Dec 17 39~~ to Dec 17, 1939 that I last saw her alive on Dec 17, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized peritonitis	
Due to Rupture Appendix	
Due to	
Other conditions (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:

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed Dec 27/39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
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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 Giles R Huber, Registered Apprentice No. ....., working under my personal supervision.

Signed Giles R Huber

Licensed Embalmer No. 3356

P. O. Address Custer 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.