

1940 APR 1 1940

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

12626  
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 840  
 (b) Township Duck Creek Primary Registration District No. 6102 Registered No. 13  
 (c) City Asherville, Mo. (d) Street No. 9 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

(a) Residence, No. \_\_\_\_\_ St.  Asherville, Mo.  
 (Usual place of abode, if no street address, write county or city) (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 Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raymond Hall  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1909  
 7. AGE YEARS 37 MONTHS 5 DAYS 10 if LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dependent  
 9. Industry or business in which work was done, as saw mill, bank, etc. Invalid  
 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) Asherville, Mo.  
 FATHER 13. NAME Ben Lynch  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
 MOTHER 15. MAIDEN NAME Maggie Black  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
 17. INFORMANT (ADDRESS) Mame Addison Dupied, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE March 5, 1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Son Dexter Mo.  
 20. FILED 3-6 1940 Bernard Dupied Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1940  
 22. I HEREBY CERTIFY, That I attended, deceased from Feb 1, 1940 to March 4, 1940  
 I last saw her alive on March 3, 1940 Death is said to have occurred on the date stated above, at 9:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Primary Tuberculosis Date of onset \_\_\_\_\_  
 Other contributory causes of importance: None  
 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 \_\_\_\_\_  
 (Signed) C. P. Emery M. D.  
898 (Address) Pleasant Grove, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 2

District File Number 440-82

Date Filed 4/3/40

**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,

Virgil H. Kelch

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Virgil H. Kelch

Licensed Embalmer No. 4102

P. O. Address Deer, 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.**