

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24917

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

(c) City or town Jefferson City
(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 Joseph Humphrey Lynch 520

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

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 July 9 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. _____ min.

9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name: Edward C. Lynch

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Sessen

15. Birthplace West Plains, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edward C. Lynch

(b) Address Jefferson City, Mo

17. (a) Burial (b) Date thereof July-10-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Green Cemetery

18. (a) Signature of funeral director W. J. ...

(b) Address Jefferson City, Mo.

19. (a) 719/40 (b) Dr. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7-9 1940 to 7-9 1940
that I last saw him alive on 7-9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature John W. ... (M. D. or other) _____
Address Jefferson City, Mo. Date signed 7/9/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Louis Quest
Licensed Embalmer No. HC 96
P. O. Address Jefferson City

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.