No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32282

FILED OCT 10 1940

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 408 E 12th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 408 E 12th St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME JAMES CALVIN LYNCH
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 November (Month) 24 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
72	9	25	hr. min.

9. Birthplace Springdale (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Second Hand Dealer
11. Industry or business
MOTHER FATHER
12. Name Jacob Lynch
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
14. Maiden name Cynthia Hubbard
15. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant H C Lynch
(b) Address 408 E 12th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Memorial Park
18. (a) Signature of funeral director Lampkin Mortuary
(b) Address 1502 Joplin St Joplin Mo
19. (a) 9-21-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1940 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from Juner 19 40 to Sept 19 1940 that I last saw him alive on Aug 10 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration
Due to
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, 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? 372 (Specify type of place) While at work? (e) Means of injury

23. Signature J H Ulrlear (M. D. or other) L
Address Joplin Mo Date signed 9-21-40

(Licensed Embalmer's Statement on Reverse Side)

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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, fact should be so stated above.