

D. 2  
13-40  
7-39  
X23159

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

NOV DEC 1 1940

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1628 Summit  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community 40 yr 2  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1628 Summit  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25  
year 1940 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov 19  
1940 to Nov 25 1940  
that I last saw him alive on Nov 24 1940  
and that death occurred on the day and hour stated above.

Immediate cause of death Pneumonia  
Duration 8 days

Due to Undetermined

Due to 1070

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] M.D. or other \_\_\_\_\_  
Address 1509 W. 11th St. Date signed 11/24/40

3. (a) PRINT FULL NAME John C. Lynch

3. (b) If veteran, name war ✓ 3. (c) Social Security No. no

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married divorced married  
6. (b) Name of husband or wife Elizabeth Lynch 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Jan. 6 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 10 19 ✓ hr. ✓ min.

9. Birthplace St. Joseph, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance man

11. Industry or business Union Pacific R.R.

12. Name Cornelius Lynch

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sweeney

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Lynch

(b) Address 1628 Summit

17. (a) Burial (b) Date thereof 11/27/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet, St. Joseph

18. (a) Signature of funeral director F. A. Rising  
(b) Address 322 W. 17th St. St. Joseph

19. (a) 11-26-40 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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~~ .....

*Harry E. Jolley*

Registered Apprentice No. ....

~~working under my personal supervision.~~

Signed .....

*Harry E. Jolley*

Licensed Embalmer No. ....

*4078*

P. O. Address .....

*Kan City, Kansas*

**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.**