S. No. 2
—11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41403

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4796

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

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

(d) Length of stay: In hospital or institution 18 Days (Specify whether

In this community 50 Years 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. 3808 Troost Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Charles William Lynn

3. (b) If veteran, name war None

3. (c) Social Security No. 702-12-0527

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Minnie Lynn

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June (Month) 18 (Day) 1866 (Year)

8. AGE: Years 74 Months 5 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace ___ (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Train Dispatcher

11. Industry or business K.C. Southern & Mo. Pacific Railroads

FATHER
12. Name Jacob Lynn
13. Birthplace Evansville (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mary Magdaline Arnold
15. Birthplace Haubstadt (City, town, or county) Indiana (State or foreign country)

16. (a) Informant T. J. Vandegaer

(b) Address 3808 Troost Ave

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

(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director O. H. Newcomers Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-17-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1940 hour ___ minute A. M.

21. I hereby certify that I attended the deceased from October 28, 1940, to December 15, 1940 that I last saw him alive on December 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure — Duration 7 wks

Due to Myocardial degeneration — few years

Due to Coronary Sclerosis. Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations none

Of autopsy not granted

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 C. Vincent M.D. (M. D. or other)

Address 800 Argyle Bldg Date signed 12/16/40

(Licensed Embalmer's Statement on Reverse Side)

800 Argyle Bldg
1:30 - 3:30

10-28

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C. 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.