

3. No. 2  
4-13-40  
5-17-39  
I X23159

2001

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 9

Registration District No. 104

Primary Registration District No. 3008

14  
1  
2

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

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Fulton  
(c) Name of hospital or institution: State Hospital # 2  
(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) 1 yr, 8 mos 15 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Saline  
(c) City or town Sweet Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. None (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William H Lynch  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. DIC none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 11  
year 1941 hour 7 minute 05 P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Edna Lynch 6. (c) Age of husband or wife if alive DIC years  
7. Birth date of deceased MAY 10 1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from APRIL 25, 1939, to Jan. 11, 1941;  
that I last saw him alive on Jan. 11, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 8 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Bilateral Bronchopneumonia 2 days  
Due to \_\_\_\_\_

9. Birthplace Saline County MO  
(City, town, or county) (State or foreign country)

Other conditions 101  
(Include pregnancy within 3 months of death)  
Due to \_\_\_\_\_

10. Usual occupation FARMER

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business FARM  
12. Name John S Lynch  
13. Birthplace Saline Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name MARIE KOT HAM  
15. Birthplace HENRY CO MO  
(City, town, or county) (State or foreign country)

16. (a) Informant State Hosp # 2 Records  
(b) Address Fulton

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Jan 13 41  
(Month) (Day) (Year)  
(c) Place: burial or cremation Fairview Cemetery Fulton

(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? NO

18. (a) Signature of funeral director R. Carter  
(b) Address Sweet Springs

(e) Means of injury \_\_\_\_\_  
23. Signature Forrest Thomas (M. D. or other) \_\_\_\_\_  
Address State Hosp # 2, Fulton Date signed 1/11/41

19. (a) 1-11-41 (Date received local registrar) (b) A. N. Crews (Registrar's signature)

---

---

**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.....

Licensed Embalmer No.....

P.O. Address.....

**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.**