DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 14 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6147

Primary Registration District No. 6232

Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Audrain

(b) City or town: Cuivre Twp Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 2 wks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ralls

(c) City or town: Saspe Twp Rural (If outside city or town limits, write "RURAL")

(d) Street No.: North of Vandalia (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: CORDELIA CATHRINE LYNN

3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Charles C. Lynn 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: March (Month) 6 (Day) 1870 (Year)

8. AGE: Years 70 Months 10 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace: Pike Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housekeeping

11. Industry or business: ____

MOTHER FATHER

12. Name: Henry Dalow

13. Birthplace: ____ (City, town, or county) Mo (State or foreign country)

14. Maiden name: Betty Brausteiter

15. Birthplace: ____ (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature: Mrs E. D. Hamilton

(b) Address: Vandalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 5 '41 (Month) (Day) (Year)

(c) Place: burial or cremation: Pleasant Hill Pike Co

18. (a) Signature of funeral director: Thos. Staten

(b) Address: Vandalia Mo

19. (a) Feb 5 '41 (Date received by local registrar) (b) R. Lee Alford MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 3 year 1941 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 22, 1941, to Feb 3, 1941; that I last saw h.E.N. alive on Feb 3, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia (Acute)	2 days
Due to: Influenza	1 wk
Due to: ____	
Other conditions (Include pregnancy within 3 months of death): Chronic Bronchitis	2 yrs
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, 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: D. R. L. Marshall (M.D. or other) DO.

Address: Vandalia Mo Date signed Feb 5

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19811

RECEIVED
District Health Officer No. 10
District File Number 3-41-527
Date Filed MAR 10 1941

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 W B Waters

Licensed Embalmer No. [illegible]-4169

P. O. Address Vandalia 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.