. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32037

Registration District No. 566 Primary Registration District No. 5762 Registrar's No. 105

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town NEAR-DEVENTER Rural (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community ALL OF LIFE!

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI

(c) City or town 610 E CYPRESS (If outside city or town limits, write "RURAL")

(d) Street No. CHARLESTON, MISSOURI (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM HOMER LYNN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Willie Belle LYNN

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December 3 1874 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation STORE KEEPER

11. Industry or business Gen'l STORE

FATHER
12. Name William PIPPIN LYNN
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ISABELLE V SMITH
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant MRS R. R. BOGART

(b) Address EAST PRAIRIE, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation IOOF - CHARLESTON, MO

18. (a) Signature of funeral director LAIR-NUNNELEE

(b) Address CHARLESTON, MO

19. (a) 9-14-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER Day 6TH year 1941 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from No Doctor, 19..., to ..., 19...; that I last saw h..... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Killed instantly by a shot gun fired by hands unknown

Due to Shot gun wound in back below

Due to left shoulder probably penetrating liver & intestinal tinnes

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 166

Of autopsy

Duration

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) Homicide

(b) Date of occurrence Sept. 6th, 1941

(c) Where did injury occur? Mississippi (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place. Country store (Specify type of place)

While at work? Yes (e) Means of injury 0

23. Signature Travis Shelby (M.D. or other) Coroner

Address East Prairie, Mo. Date signed 9/15/41

745 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1041-1333
Date Filed 10/2/41

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 John F. Nimmelee Jr

Licensed Embalmer No. 3857

P. O. Address Charleston, 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.