

S. No. 2  
-11-10-39  
5-17-39  
P1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34310

State File No. \_\_\_\_\_

Filed NOV 12 1941  
Registration District No. 73

Primary Registration District No. 5112

Registrar's No. 288

1. PLACE OF DEATH

(a) County Boone  
(b) City or town Rural - Columbia Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Columbia Route 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days) Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Columbia Route 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME THORNTON WYTE LYNES

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Name of husband or wife Elizabeth Lynes 6. (c) Age of husband or wife if alive Seventy years  
7. Birth date of deceased Aug 13 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business  
12. Name Jackson Lynes  
13. Birthplace St. Louis City Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary A. Harney  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Lynes  
(b) Address Columbia Route 1

17. (a) Burial (b) Date thereof Oct 26 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Springfield

18. (a) Signature of funeral director Jackson  
(b) Address Columbia Mo

19. (a) 10/25/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24  
year 1941 hour 4 minute 30 PM

21. I hereby certify that I attended the deceased from Jan 13  
1941 to Oct 24 1941  
that I last saw him alive on Oct 19 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile dementia chronic interstitial nephritis  
Due to Age

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations 131a  
Of autopsy \_\_\_\_\_

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 Edward Lynes (M. D. or other) MD  
Address Columbia Mo Date signed 10/25/41

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

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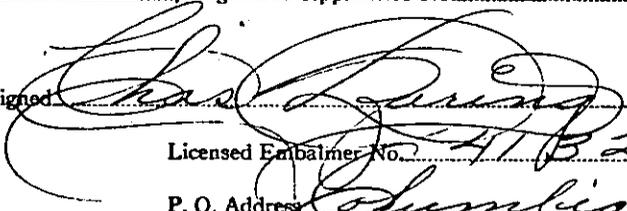
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**STATEMENT BY LICENSED EMBALMER**

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. 4182

P. O. Address Columbia, 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.**