

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 53

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

I. PLACE OF DEATH:

(a) County: Cedar
(b) City or town: El Dorado Springs Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether)
In this community: 30 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cedar 20
(c) City or town: El Dorado Spgs Mo
(d) Street No. 218 N Main (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19
year 1941 hour 3 minute 50 a.m.
21. I hereby certify that I attended the deceased from Oct. 14 1941 to Oct 19 1941
that I last saw him alive on Oct 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Duration: 830'
Other conditions: (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations: Of autopsy: 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?

While at work? (Specify type of place) (e) Means of injury: 2
23. Signature: C. H. Underworth (M.D. or other) M.D.
Address: El Dorado Spgs Date signed: 10-20-41

3. (a) PRINT FULL NAME: FRANK LYNN

3. (b) If veteran, name war: none 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: Edna Lynn 6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: April 9 1872 (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 10 If less than one day hr. min.

9. Birthplace: JOHNSON CO Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Meat Cutter

11. Industry or business: MOTHER FATHER
12. Name: William Lynn
13. Birthplace: Johnson Co Mo (City, town, or county) (State or foreign country)
14. Maiden name: Maggie Reed
15. Birthplace: Johnson Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Edna Lynn
(b) Address: 218 N Main
17. (a) Burial, cremation, or removal: (b) Date thereof: 10/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation: El Dorado Spgs Mo

18. (a) Signature of funeral director: (b) Address: El Dorado Spgs Mo
19. (a) 10-20-41 (Date received local registrar) (b) J. W. Dawson (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1853

Date Filed 11-7-41

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 George W. Nafus

Licensed Embalmer No. 2752

P. O. Address El Dorado Spg. Co.

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.