

S. No. 2  
M-1-4-41  
Rev. 5-17-39  
X2839

20773

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 200

12  
7  
3

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether in this community years, months or days)

Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Homer Dee Lynch

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Della Lynch 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug. 2 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>9</u>	<u>29</u>	hr. min.

9. Birthplace Shannon County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Dalener Lynch

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Case  
(City, town, or county) (State or foreign country)

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Della Lynch  
(b) Address Poplar Bluff Missouri

17. (a) Burial (b) Date thereof 6-2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodgawn cemetery

18. (a) Signature of funeral director Greer Croy Service  
(b) Address Poplar Bluff, Mo

19. (a) 6-30-42 (b) Belle Kinsler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1942 hour \_\_\_\_\_ minute A. M.

21. I hereby certify that I attended the deceased from 5/7 1942 to 6/1 1942  
that I last saw him in alive on 5/30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Tobemia following extensive second and third degree burns Duration \_\_\_\_\_

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

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

Other conditions 1815  
(Include pregnancy within 3 months of death)

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) Accident

(b) Date of occurrence 5/5/42 018

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Burn in forest fire  
While at work? no (Specify type of place) (e) Means of injury Burn

23. Signature Fred J. ... (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo. Date signed 6-29-42

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RECEIVED

District Health Office No. 2,

District File Number 742-822

Date Filed JUL 13 1942  
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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 Wallace N. Fitch.....

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.**