V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

Registration District No. 170

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

State File No. 30676

Registrar's No.

53 0 0

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon R#2 Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53 0
(c) City or town Lebanon 0
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES WALTER LYNCH
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nettie Lynch
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 29 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
54	9	20	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Common Laborer
11. Industry or business
FATHER 12. Name William Lynch
13. Birthplace Unknown (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name Anna Thomas
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs. Sloop
(b) Address 217 Van Buren Lebanon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Dodson Cemetery
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo
19. (a) Sept-25-42 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1942 hour 12 minute 10 AM.
21. I hereby certify that I attended the deceased from 9-19- 1942, to 9-19- 1942, that I last saw ~~him~~ alive on 9-19- 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	(91
Due to	
Due to	
Other conditions arteriosclerosis (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)
(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 0
23. Signature R. E. Harell (M. D. or other) MD
Address Lebanon, Mo Date signed 9-21-42

1090 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Laclede Co Health Dept
District File Number 10-42-149
Date Filed 11-9-42

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.