

FILED FEB 10 1943

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:  
**460 Wallace**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community **45 years**  
years, months or days)

3. (a) PRINT FULL NAME **ROSALIE AGNES LYNN**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **white**

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

6. (b) Name of husband or wife **William L. Lynn**

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

7. Birth date of deceased **February 8 - 1857**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **11** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Parkville Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House work**

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

12. Name **Frank Stoehr**

13. Birthplace **unknown Germany 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Gina Maria Eckschmidt**

15. Birthplace **unknown France 5**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary J. Lynn**

(b) Address **460 Wallace, K.C. Mo**

17. (a) **Removal** (b) Date thereof **Jan 25 - 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Monticello, Kans.**

18. (a) Signature of funeral director **George A. Baran**

(b) Address **Indep exch bldg, Mo.**

19. (a) **1-24-43** (b) **M. M. Morrow**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **460 Wallace**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **23**  
year **1943** hour **11** minute **40 a.m.**

21. I hereby certify that I attended the deceased from **August 15** 19**40** to **Jan 23** 19**43**  
that I last saw him alive on **Jan 14** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Chronic My. Conditns**

Due to \_\_\_\_\_  
**93 D**

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

Other conditions **Arterio Sclerosis**  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **O. D. Cantrell** (M. D. or other) \_\_\_\_\_  
Address **636 Argyle Bldg** Date signed **1-24-43**

Dr. Caribbell  
H. 5903 14 W. 57th St  
N. C.

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.....

*Lloyd Clauson*

Licensed Embalmer No. 4199

P. O. Address.....

*Independence*

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.