S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5317

FILED MAR 5 1943

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 767

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: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days) In this community: 10 years

2. USUAL RESIDENCE OF DEACEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 1030 Washington (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Fred Lynch
3. (b) If veteran, name war: No
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: Mary Gladys Lynch
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: July (Month) 22 (Day) 1880 (Year)
8. AGE: Years 59 Months 6 Days 21 If less than one day ____ hr. ____ min.
9. Birthplace: (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Salesman
11. Industry or business: no S.S. #
FATHER
12. Name: David A. Lynch
13. Birthplace: (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name: Lucy Searcy
15. Birthplace: (City, town, or county) Columbia, M (State or foreign country) Missouri 0
16. (a) Informant: Mary Gladys Lynch
(b) Address: 1030 Washington street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Washington
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 West 42nd street
19. (a) 2/14/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 13th year: 1943 hour: 4:15 A.M. minute: M.
21. I hereby certify that I attended the deceased from 2-11-43, 19__, to 2-13-43, 19__; that I last saw him alive on 2-13-43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA OF LARYNX — Duration
Due to: 4/12
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: None

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: Med. Dir. K.C. Gen. Hospital (M. D. or other)
Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address K. C. 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.