

S. 1900-  
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. 13847  
Registrar's No. 128

Registration District No. 03

Primary Registration District No. 3007

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff  
(c) Name of hospital or institution Standon  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community since Birth  
years, months or days

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

3. (a) PRINT FULL NAME Ronald Lee Evans "Lynch"  
3. (b) If veteran, i name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 18  
year 1942 hour 8:00 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Mar 17, 1942, to Mar 17, 1942  
that I last saw him alive on Apr 4, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of face White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 12, 1933  
(Month) (Day) (Year)

Immediate cause of death Cerebral Trauma ✓  
Duration 24 hours  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
10 2 6 hr. min.

9. Birthplace Poplar Bluff, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

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

12. Name Raymond Lynch

13. Birthplace Poplar Bluff, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Elsie Sisney

15. Birthplace Poplar Bluff, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Lynch

(b) Address Poplar Bluff, Mo

17. (a) R. (Burial, cremation, or removal) (b) Date thereof 4-21-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Und. Co.

(b) Address Poplar Bluff, Mo  
19. (a) 4-20-42 (Date received local registrar) (b) Belle Kenne (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
132

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 A. P. Rowe (M. D. or other)  
Address Poplar Bluff Date signed \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 543-658

Date Filed 5-11-43

---

---

**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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.**