S. No. 2
0M—2-43
5-17-39
I X35697

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. 20476

Registration District No. 0 JUL 13 1942 149

Primary Registration District No. 1002

Registrar's No. 2928

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: Menorah Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 35 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 0

(c) City or town Kansas City. (Rural - R #1)
(If outside city or town limits, write "RURAL")

(d) Street No. 91st and Cherry
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x /

3. (a) PRINT FULL NAME Roy E. Lynds

3. (b) If veteran, name war no

3. (c) Social Security No. none.

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Olive Lynds

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

7. Birth date of deceased nov. (Month) 15 (Day) 1883 (Year)

8. AGE: Years 59 ~~57~~ Months 7 Days 15 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Poultry Dealer.

11. Industry or business x Self.

FATHER
12. Name John H. Lynds.
13. Birthplace (City, town, or county) Kans! (State or foreign country)

MOTHER
14. Maiden name Emily Price
15. Birthplace (City, town, or county) mo! (State or foreign country)

16. (a) Informant Mrs. Olive Lynds.
(b) Address 91st and Cherry, R#1, K. C., Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure.
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 7-1-43 (Date received local registrar) (b) P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1943 hour minute a. M.

21. I hereby certify that I attended the deceased from Feb. 3rd, 1942 to 6/30, 1943 that I last saw him alive on June 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of lung with general metastases

Due to

Due to 47d

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration 17 months

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 A. Sophean (M. D. or other)
Address 1005 Bryant Bldg Date signed July 1/43

561

(Licensed Embalmer's Statement on Reverse Side)

Bryant Bldg.
No 1311

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 J. Clair Sheppard

Licensed Embalmer No. 4179

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.