

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

State File No. \_\_\_\_\_  
Registrar's No. 323

Registration District No. 2 Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution 916 Cherry ST  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 yrs. (Specify whether years, months or days)

In this community 16 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")

(d) Street No. 916 Cherry ST  
(If rural, give location)

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

3. (a) PRINT FULL NAME Wm. A Lynch

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 488-16-5870

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Lizzie Lynch 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 25, 1885  
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 0 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Milan, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Saw filer

11. Industry or business Saw Mill

12. Name Henry Lynch

13. Birthplace Milan, Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Newell

15. Birthplace Milan, Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lizzie Lynch

(b) Address 916 Cherry St - Poplar Bluff, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 10-27-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem - Poplar Bluff

18. (a) Signature of funeral director Frank Cottrell

(b) Address Poplar Bluff, Mo

19. (a) 10-27-43 (b) Bella Tenne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1943 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from April 27, 1943 to May 4, 1943 that I last saw h./m. alive on May 4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Cardiac Asthma

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93e!

Of autopsy \_\_\_\_\_

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 Wm. A. Lynch (M. D. or \_\_\_\_\_)  
Address Poplar Bluff, Mo Date signed 10-26-43

Duration

6 - 43

4 - 43

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1143-1389

Date Filed 11-3-43

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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 Scott A. Bolwell.....

Licensed Embalmer No. 3567.....

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.**