

S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41186

State File No. _____

FILED JAN 5 1943
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 5417

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: General Hosp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 30 days (Specify whether years, months or days)

In this community 50 yrs

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. 619 E-8th
(If rural, give location)

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

3. (a) PRINT FULL NAME Margaret Alice Lynch

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased Jan 25 1887
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Miss O
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John Garble

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

14. Maiden name Mary Mc Ribben

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

16. (a) Informant Jack O Andrews

(b) Address 619 E-8th

17. (a) Burial (Burial, cremation, or removal) (b) Date there Dec 22-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Miss E. L. Foster

(b) Address 918 Brooklyn

19. (a) 12-20-43 (Date received local registrar) T. E. Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1943 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Nov 1 1943 to Dec 19 1943
that I last saw h. _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Broncho pneumonia
Due to Fracture of Rt. Leg.
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence Oct 31, 1943

(c) Where did injury occur? Home
(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 W. E. Usher (M. D. or other) M. D.
Address 23 Mc Clellan Date 12/19/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

Ralph W. Runnels

Licensed Embalmer No.

3860

P. O. Address

Kansas City, 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.