

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21991

State File No.

FILED JUL 13 1944

Registration District No. 202

Primary Registration District No. 5733

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural Walnut Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME L. L. Lynch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alta Lynch 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept 19 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	8	21	hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name William M. Lynch

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

14. Maiden name Linnie Campbell

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

16. (a) Informant E. R. Lynch

(b) Address Elmer Missouri

17. (a) Burial (b) Date thereof May 11 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunce

18. (a) Signature of funeral director M. A. McCallister

(b) Address South Gifford Mo

19. (a) June 7 1944 (b) Minnie Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. East of Ethel Mo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1944 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 1
1943, to May 10, 1944
that I last saw him alive on May 10
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Gall bladder 1 yr.
Duration

Due to _____

Due to _____

Other conditions H6f
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature Howard D. Loh (M.D. or other) DO
Address Claver Mo Date signed 5-10-44

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

RECEIVED

District Health Officer No. 10

District File Number 7-44-1397

Date Filed JUL 11 1944

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. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.