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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 20 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1984

Registration District No. 301

Primary Registration District No. 4450

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

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution: Williams Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 hrs. 30 min  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Sylvia Ann Lynxwiler

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1944 hour 4 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from July 4<sup>th</sup> 1944 to July 5<sup>th</sup> 1944 that I last saw her alive on July 5<sup>th</sup> 1944 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: July (Month) 4 (Day) 1944 (Year)

Immediate cause of death Ischemic 6 1/2 months

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 15 hr. 30 min.

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

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

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

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

10. Usual occupation \_\_\_\_\_

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

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

12. Name Sylvester Lynxwiler

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

14. Maiden name Kathleen Jewell Vance

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

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

16. (a) Informant Jewell Lynxwiler

(b) Address Doniphan MO. Rte. 4

17. (a) Burial (b) Date thereof 9-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

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? \_\_\_\_\_

18. (a) Signature of funeral director Family

(b) Address Doniphan

19. (a) 9-10-44 (b) E. B. Johnston  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature J. E. Whiggins (M. D. or D.M.)  
Address Doniphan Date signed 9/6/44

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**