

FILED FEB 6 1945

Registration District No.

Primary Registration District No. 10.02

Registrar's No. 219

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:  
5234 Paseo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO.  
In this community all her life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48  
(c) City or town Kansas City, 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5234 Paseo, 2  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X 11

3. (a) PRINT FULL NAME Darlene Sue Lynch

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife. X 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased June 30 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
5 6 13 hr. min.

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

10. Usual occupation infant

11. Industry or business X

MOTHER FATHER  
12. Name William F. Lynch  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Geneva Woodard  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant William F. Lynch,  
(b) Address 5234 Paseo, Kansas City, Mo.  
17. (a) Burial (b) Date thereof 1-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, K. C., Mo.  
19. (a) 1-15-45 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13  
year 1945 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from 1/10 45 to 1/13 45  
that I last saw her alive on 1/13/45  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia  
Due to Acute - oxygen respiratory  
Due to infant

Other conditions: Congenital neural  
(Include pregnancy within months of death)  
Resistant Epilepsy  
Major findings: Of operations  
Of autopsy: 10-8

Duration

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) (e) Means of injury  
23. Signature D. E. Brown (M. D. or other)  
Address 4800 E. 11th Date signed 1/15/45

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

Dr. D. D. Edmonds • *Met 2:00 P.M.*  
*Le. cat Research Bu 6 5 49*  
*Memor. A.M.*

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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..... *Robert H. Reed* .....

Licensed Embalmer No. *3745* .....

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.**