

V. S. No. 2  
 00M-5-43  
 Rev. 5-17-39  
 I X36671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED JAN 24 1945**

THE STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
 Registrar's No. 25

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
(Specify whether)  
 In this community 25 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Newton  
 (c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3404 Gateway Drive  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alice Jesselene Lynn  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 12  
 year 1945 hour 12 minute AM  
 21. I hereby certify that I attended the deceased from 12-29 1944 to 1-12 1945  
 that I last saw her alive on 1-11 1945  
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased October 24, 1919  
(Month) (Day) (Year)

Immediate cause of death  
General Peritonitis  
Gangrenous Appendicitis  
 Due to \_\_\_\_\_  
Wright's Mellitus  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
25 2 19 hr. \_\_\_\_\_ min.

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

10. Usual occupation none

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

12. Name J. H. Lynn  
 13. Birthplace Mineral Wells Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Horan  
 15. Birthplace Burden Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. G. Hopkins  
 (b) Address 3404 Gateway Dr., Joplin, Mo

17. (a) burial (b) Date thereof 1/15/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER  
 (b) Address 1502 Joplin, Joplin, Missouri

19. (a) 1-18-45 (b) Gertrude Sudhalter  
(Date received local registrar) (Registrar's signature)

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)  
 \_\_\_\_\_ (Cause of injury)

23. Signature Ellsworth Moody (M. D. or other) \_\_\_\_\_  
 Address Joplin, Missouri Date signed 1/18/45

(Licensed Embalmer's Statement on Reverse Side)

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

19  
 2  
 5

MOTHER FATHER

Duration

10 d.

Synn.

PHYSICIAN

Underline the cause to which death should be charged statistically.

120

45-1-25

**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**