

Registration District No. 268

Primary Registration District No. 5905

Registrar's No.

1. PLACE OF DEATH:

(a) County Wenatchee
(b) City or town Portageville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wardour camp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Eight years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John H. Lynn
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Lynn
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Aug 10 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 24 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Thomas Lynn
13. Birthplace 4 Dubont
(City, town, or county) (State or foreign country)
14. Maiden name Mary Miller
15. Birthplace Woodland Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) Burial (b) Date thereof 1-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Mo

18. (a) Signature of funeral director Delia J. Funder Parker
(b) Address Portageville, Mo

19. (a) 1-29-1945 (b) J. P. Casey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Portageville, Mo.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan., day 3rd, 1945
year hour minute M.

21. I hereby certify that I attended the deceased from Only on Jan 5th 1st 45 to Jan 1st 1945, 1945;
that I last saw him alive on Jan 1st 1945, 1945;
and that death occurred on the date and hour stated above.
Immediate cause of death Apoplexy

Due to Arteriosclerosis
Due to Senility & Kidney disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

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 A. H. Reuber (M. D. or other)
Address Portageville, Mo. Date signed 1-9-45

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

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

800

590

1-45-2

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..... *Naal C. Dean*

Licensed Embalmer No. *3941*

P. O. Address *Portageville 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.