

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10302

State File No. _____

FILED MAR 16 1945
Registration District No. 279-51

Primary Registration District No. 4-3-68-5 847

Registrar's No. _____

1. PLACE OF DEATH: **Nodaway**

(a) County **Nodaway**

(b) City or town **Wilcox** *Nodaway, Tex*

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **19 years** (Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway** **74**

(c) City or town **Wilcox** (If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No.** **0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Simon Lynch**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **497-12-0994**

4. Sex **male**

5. Color of race **White**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Blanche Lynch**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 10, 1884**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	2	11	hr. _____ min.

9. Birthplace **Stark Co, I1**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

11. Industry or business _____

12. Name **Simon Patrick Lynch**

13. Birthplace **Ross Co. Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Melissa Haines**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Clifford Lynch**

(b) Address **Wilcox, Missouri**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **2-24-45**
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill cemetery**

18. (a) Signature of funeral director **Price Funeral Home**

(b) Address **Maryville, Mo.**

19. (a) **Feb 24 1945** (Date received local registrar) (b) **W. R. Langfather** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **21** year **1945** hour **7** minute **50** A.M.

21. I hereby certify that I attended the deceased from **DEC. 22, 1944** to **FEB. 21, 1945**; that I last saw him alive on **FEB. 20, 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **CARDIOVASCULAR RENAL DISEASE**

Duration **3 YRS**

Due to _____

Due to _____

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

Major findings: **1712**
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:

(c) 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 **W. R. Langfather** (M; D. or other) **Dr**

Address **Maryville, Mo.** Date signed **2-22-45**

1269 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

John W. Price
.....

Licensed Embalmer No. *4281*

P. O. Address. *Maryville 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.