V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25297

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 93

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

1. PLACE OF DEATH:
(a) County Vernon Co.
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. So. Ash
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Tida Belle 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 Widow
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sep. (Month) 9 (Day) 1877 (Year)

8. AGE: Years 67 Months 10 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Nevada (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Homekeeper
11. Industry or business
FATHER
12. Name James F. Jones
13. Birthplace Unknown (City, town, or county) Va. (State or foreign country)
MOTHER
14. Maiden name Alzada Taylor
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Mrs. C. E. Fink
(b) Address Joplin Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 19 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Deepwood Cemetery
18. (a) Signature of funeral director Allen E. Hays
(b) Address Nevada Mo.
19. (a) 7-27-45 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18, year 1945 hour 1:00 minute P. M.
21. I hereby certify that I attended the deceased from June 14, 1945, to July 18, 1945, that I last saw her alive on July 17, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	1 mo.
Due to Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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:
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. R. King (M. D. or other)
Address Nevada, Mo. Date signed 7-19-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Di[illegible] Officer No. 7

[illegible] 7-45-755

Date Filed 8-8-45

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 Allen E. Kaye

Licensed Embalmer No. 1868

P. O. Address Nevada, 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.