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M-8-43
5-17-39
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27478

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 11 1945

Registration District No. 8 Primary Registration District No. 2023

Registrar's No. 130

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

1. PLACE OF DEATH:

(a) County Hannay Clinton

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wetzel Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 20 days
(Specify whether)

In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Hannay

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY SMITH LYNCH

3. (b) If veteran, name war

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 31, year 1945, hour 1, minute A:M.

21. I hereby certify that I attended the deceased from July 30, 1945 to Aug 31, 1945.
that I last saw her alive on Aug 30, 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 Widow

6. (b) Name of husband or wife Walker

6. (c) Age of husband or wife if alive 4 years 1865 (Year)

7. Birth date of deceased: June 4 (Month) 1865 (Year)

Immediate cause of death Coronary Thrombosis

Due to Senility, arteriosclerosis

Due to

8. AGE: Years 80 Months 7 Days 27
If less than one day --- hr. --- min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gtd

Of autopsy

9. Birthplace Ind (City, town, or county) 1 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Samuel White

13. Birthplace Ind (City, town, or county) 1 (State or foreign country)

14. Maiden name Katherine

15. Birthplace Ind (City, town, or county) 1 (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Mary Smith

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof Sept 7
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo

18. (a) Signature of funeral director W. H. ...

(b) Address Clinton Mo

19. (a) Sept 4 45 (b) P. A. Henney
(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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. P. West (M.D. or other)
Address Clinton Mo Date signed Aug 31 1945

1452

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

8-10-42

8-10-42

Date filed

NOV

9 1942

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.....
Licensed Embalmer No. 1030
P. O. Address Garden 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.