

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED** **OCT 23 1945** **STANDARD CERTIFICATE OF DEATH**

State File No. **32767**  
Registrar's No. **4190**

Registration District No. **149** Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 days**  
(Specify whether  
In this community **27 years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3102 Benton**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** **JOHN M LYNCH**  
**3. (b) If veteran,** name war **No**  
**3. (c) Social Security** No. **486-03-4328**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **11th** day **Oct**  
year **1945** hour **7:05** minute **A** M.  
**21. I hereby certify that I attended the deceased from**  
**Pathologist**  
that I last saw him **alive on**  
and that death occurred on the date and hour stated above.

**4. Sex** **Male**  
**5. Color or** **White**  
**6. (a) Single, widowed, married,** **single**  
**divorced,**  
**6. (c) Age of husband or wife if**  
alive **years**  
**7. Birth date of deceased** **Aug 13 1918**  
(Month) (Day) (Year)

Immediate cause of death  
**Collapse of right lung**  
Due to **Pneumothorax**  
Due to **lung abscess following**  
**tooth extraction**  
Other conditions  
(Include pregnancy within 3 months of death)

**8. AGE:** Years Months Days If less than one day  
**27** **1** **28** hr. min.  
**9. Birthplace** **Kansas City Mo**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **Time-Keeper**

**PHYSICIAN**  
Major findings:  
Of operations **1102**  
Of autopsy **as above**  
**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?.....  
(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.....

**11. Industry or business** **Remington-Arms--Lake City**  
**12. Name** **John M Lynch**  
**13. Birthplace** **Kansas City Mo**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Maggie Sherlock**  
**15. Birthplace** **Marshall Texas**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs Maggie Lynch**  
**(b) Address** **3102 Benton**  
**17. (a) Burial** (b) Date thereof **10/13/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Mary's Cemetery**  
**18. (a) Signature of funeral director** **Quirk & Sabien**  
**(b) Address** **20 W Linwood**  
**19. (a) 10-11-45** (b) **E. M. Holmes**  
(Date received local registrar) (Registrar's signature)

**23. Signature** **braine Sherwood** (M. D. or other)  
**Pathologist**  
Address **St. Joseph Hospital, K.C., Mo.**  
Date signed **10-11-45**

(Licensed Embalmer's Statement on Reverse Side)

**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: *Charles M. Quinn*  
Licensed Embalmer No. *3774*  
P. O. Address *K. C. 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.**