S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34044

Registration District No. 164 Primary Registration District No. 5597 Registrar's No. 95

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Rural Centerview Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo.
RFD Centerview
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 30 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 115 Grover
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Myrtle Rhoda Lynde
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 5 (Day) 1878 (Year)

8. AGE: Years 63 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Warrensburg (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Seamstress
11. Industry or business
MOTHER FATHER
12. Name Issac B Lynde
13. Birthplace Warrensburg (City, town, or county) Mo. (State or foreign country)
14. Maiden name Lucy M.E. Thornton
15. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Ben Adair
(b) Address Centerview Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.
19. (a) Oct 8 1945 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1945 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from Sept 4 45 Oct 7 19 45 to 19 ; that I last saw h alive on Oct 5 19 45 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 mo.
Due to	
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 O. L. Bradley (M. D. or other)
Address Warrensburg Mo. Date signed 10-9-45

1001 (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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.