

S. No. 2  
M-2-43  
5-17-39  
P-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41422

State File No. \_\_\_\_\_

FILED JAN 15 1946

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 361

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Independence  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Independence Sanitarium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 hours  
 In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
 (c) City or town Rural Route 4 Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Independence Mo.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

James Leroy Lynch

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mabel Lynch  
 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased Aug. 2 1881  
 (Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 15  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Green County Penn 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Abner J. Lynch  
 13. Birthplace Green County Penn 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Warrick Jones  
 15. Birthplace Green Co Penn 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mabel Lynch

(b) Address Route 4 Independence Mo  
 17. (a) Burial (b) Date thereof 12-30-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Geo. C. Carson Fun Home

(b) Address Independence Mo

19. (a) 12-19-45 (b) James W. Ross  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17  
 year 1945 hour 4 40 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis  
 Due to arterio sclerosis

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations 94%  
 Of autopsy no permit History + Inspection

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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 3

23. Signature James W. Ross (M. D. or other)  
 Address 1424 1/2 Ave Date signed 12-17-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1163

JAN 16 1945

**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 George J. Larson

Licensed Embalmer No. 2249

P. O. Address Independence 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.**