

**FILED FEB 7 1946**  
Registration District No. 27

Primary Registration District No. 5096

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

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Nursery St. Mt. Pleasant  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community about 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. Nursery St. Mt. Pleasant  
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Ingersoll Lynch

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ella A. Lynch

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased November 1, 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>2</u>	<u>10</u>	hr. _____ min.

9. Birthplace Boston Mass.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired grain man

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

MOTHER FATHER

12. Name Louie Camile Lynch

13. Birthplace no record France  
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Francis Prince

15. Birthplace Boston Mass.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Pierce

(b) Address Butler, Missouri

17. (a) Removal (b) Date thereof 1-12/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hills Ceme  
Boston, Mass

18. (a) Signature of funeral director Culver Underwood

(b) Address Butler, Missouri

19. (a) 1-12-1946 (b) Randall Kewey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 11 day \_\_\_\_\_  
year \_\_\_\_\_ hour 10 P. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 11, 1946 to Jan 11, 1946

that I last saw him alive on Jan 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Age

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy None 93x

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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) M.D.

Address Butler, Mo. Date signed 1/12/46

APR 12 1949

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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

*John G. Woodward*

Licensed Embalmer No.

*3585*

P. O. Address

*Bethel, Me.*

**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.**