

No. 2
4-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27234

State File No.

3454

FILED AUG 19 1946

Registration District No. 147

Primary Registration District No. 1002

Registrar's No.

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:
622 Benton Conv. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
(Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 420 So. Hardesty 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Catherine Lynch

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1946 hour 11 minute A. M.

4. Sex F 5. Color or race W

6. (a) Single, 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 Unknown 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1st 1946, to Aug 7th 1946
that I last saw her alive on Aug 7th 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
app. unknown 86
hr. min.

Immediate cause of death Myocarditis
Due to Myocarditis
Due to Myocarditis
Other conditions (Include pregnancy within 3 months of death) 13/15

9. Birthplace Clarksville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations 13/15
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name Michael Lynch

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

14. Maiden name Ellen Conway

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

16. (a) Informant Nannie E. Sullivan

(b) Address 420 So. Hardesty

17. (a) Burial (b) Date thereof August 10, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

18. 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?

18. (a) Signature of funeral director C. E. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 8-10-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury 0

23. Signature Steraldine Holmes (M. D. or other)
Address 602-112th. Date signed 8/9-46

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

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..... *W. Blackman*

Licensed Embalmer No. *8639*

P. O. Address *2910 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.