No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36716

Registration District No. 123 Primary Registration District No. 5457 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Willard R.1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Cass Township /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 4½ years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 37

(a) State Missouri (b) County Greene

(c) City or town Willard Mo., R1 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural - Cass Township. 0
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Doris Dowd Lynch —

3. (b) If veteran, name war nil

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Dont Know.

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

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years 67 Months Prox Days If less than one day hr. min.

9. Birthplace North Carolina / (City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Oil Field Engineer

11. Industry or business Retired

FATHER
12. Name Milton Lynch /
13. Birthplace North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bomgardner
15. Birthplace North Carolina / (City, town, or county) (State or foreign country)

16. (a) Informant Dr Charles S. Lynch.
(b) Address Ardmore, Okla. —

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof October 27-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetry

18. (a) Signature of funeral director Gene A. Brim
(b) Address Walnut Grove Mo

19. (a) Oct. 27-1946 (Date received local registrar) (b) Nelson L. Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1946 hour not known minute M.

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

Immediate cause of death Found Dead by Neighbor found body, at his home Dr. Murray C. Stone, viewed body with

Due to Deputy Sherrif, Dr Stone stated Death was due to natural causes —

Due to Coronary Thrombosis. Surrounding showed no indication of any foul

Other conditions Play - Neighbors, were all satisfied, death due to Heart
(Include pregnancy within 3 months of death)

Major findings:
Of operations attack

Of autopsy 94a

Duration

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 8

23. Signature Nelson L. Murray Local Registrar (M. D. or other)
Address Walnut Grove — Date signed 10/27/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Green. ounty Health Office,
County File Number 46-12-22 122
Date Filed 12/5/46

DEC 9 1946

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 Gene A. Brown

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, 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.