

Registration District No. 47

Primary Registration District No. 5164

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County CALLAWAY  
(b) City or town FULTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R#4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 20 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CALLAWAY  
(c) City or town FULTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. R#4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HARRY FOSTER LYNE

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M-D 5. Color or race W 6. (a) ~~Single~~, ~~widowed~~, married, divorced M

6. (b) Name of husband or wife Nettie 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Oct 1 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 3 8 hr. min.

9. Birthplace HANCOCK County, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

12. Name John Lyne

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

14. Maiden name HESTER FOSTER

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

16. (a) Informant MRS. H.F. LYNE  
(b) Address FULTON, MO.

17. (a) BURIAL (b) Date thereof 1-13-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLATTE CITY, MO.

18. (a) Signature of funeral director Chas Arnold  
(b) Address Missio Mo.  
19. (a) 1-10-1947 (b) Josie Morsinkhoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9  
year 1947 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 6 1947 to Jan 9 1947  
and that I last saw him alive on Jan 6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Voluntar Heart Disease

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

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

Major findings: Of operations 98  
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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature E. M. ... (M. D. or other) 47  
Address New Bloomfield, Mo. Date signed 1/9/47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed ~~JAN 14 1947~~

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..... *Clavo Arnold*.....

Licensed Embalmer No. *3569*.....

P. O. Address *Muskegon, Mich.*.....

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.