

FILED FEB 5 1947

Registration District No. 149

Primary Registration District No. 1002

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community 1 week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Excelsior Springs /
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Terry Gordon Lynch

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, 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 December 5 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 14 hr. min.

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

10. Usual occupation infant

11. Industry or business

12. Name James Albert Lynch

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

14. Maiden name Nancy Jean Mc Cleary

15. Birthplace Excelsior Springs Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Lynch

(b) Address Excelsior Springs, Missouri

17. (a) Removal (b) Date thereof 1-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Mo

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Missouri

19. (a) 1-21-47 (b) Staldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19 1947
year 1947 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from Pathologist 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 Myocardium Duration

Due to Corrective Penalt

Due to

Other conditions (Include pregnancy within 3 months of death) 1190

Major findings: Of operations

Of autopsy Confusion 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

23. Signature Clarence C. W. Stewart (M. D. or other) M.D.

Address St. Luke Hospital Date signed 2/2/47

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

MOTHER FATHER

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..... *Robert Ray*

..... Licensed Embalmer No. *4182*

P. O. Address *Excelsior Springs, 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.