

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **37151**Registrar's No. **1337**

National Office of Vital Statistics

FILED NOV 17 1947

Registration District No. **42**Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**
 (b) City or town **St. Joseph**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
2206 So. 11th. St.
 (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 **37 Years** (Yes or No)
 years, months or days)

3. (a) PRINT FULL NAME **Daniel Andrew Lynch**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **707-05-7746**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary Agnes** 6. (c) Age of husband or wife if alive **67** years
 7. Birth date of deceased **May 17 1879**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
↓	68	5	22	hr. min.

9. Birthplace **Landenberg Penn.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Conductor**11. Industry or business **C. B. & Q Railroad**12. Name **Humphrey Lynch**13. Birthplace **Unknown Ireland**
 (City, town, or county) (State or foreign country)14. Maiden name **Margaret Desmond**15. Birthplace **Unknown Ireland**
 (City, town, or county) (State or foreign country)16. (a) Informant **Mrs. Mary Agnes Lynch**(b) Address **2206 So. 11th. St.**17. (a) **Burial** (b) Date thereof **Nov. 12, 47**
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Mt. Olivet Cemetery**18. (a) Signature of funeral director **Norman W. S. Sufaden**(b) Address **1802 Union St. St. Joseph, Mo.**19. (a) **11-12-47** (b) **W. L. Jenkins**
 (Date received local registrar) (Registrar signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //
 (c) City or town **St. Joseph** /
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2206 So. 11th. St.** /
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country ***** 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **9**
 year **1947** hour **7** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **10/30**, 19**47**, to **11/8**, 19**47**;
 that I last saw him alive on **11/8**, 19**47**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Duration

10/30/47Due to **arterio-sclerotic**

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 **Frank W. Wardigan** (M. D. or other)Address **670 Francis** Date signed **11/10/47**

JAN 7 1948

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.....

Guy F. Heys, Jr.

Registered Apprentice No. *88*

working under my personal supervision.

Signed *Elmer Thomas*

Licensed Embalmer No. *7640*

P. O. Address *St. Joseph, 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.