

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 414  
Registrar's No. 32

FILED FEB 6 1948

Registration District No. 47

Primary Registration District No. 300P

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

1. PLACE OF DEATH: Callaway

(a) County Fulton, 500 E 5th St.

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Most of Life (Specify whether)

In this community Most of Life (Specify whether)

years, months or days

3. (a) PRINT FULL NAME LAURA CHRISTIAN LYNES

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased April 2 1859

(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 24

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cassville Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Dr. W. A Christian

12. Name Cass County Missouri

13. Birthplace Mary E. Barker Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Cassville Missouri

(City, town, or county) (State or foreign country)

15. Birthplace Mr. E. L. Christian

(City, town, or county) (State or foreign country)

16. (a) Informant 500 E 5th St. Fulton, Mo.

(b) Address Burial 1-27-48

17. (a) (Burial, cremation, or removal) New Bloomfield, Mo.

(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Wallace Funeral Home

18. (a) Signature of funeral director 7 W 6th St, Fulton, Missouri

(b) Address Jan-30-48

19. (a) (Date received local registrar) Jan-30-48

(b) Joan Morin Kluff (Registrar's signature) 29

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton (If outside city or town limits, write "RURAL") 1

(d) Street No. 500 E 5th St. (If rural, give location) 2

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26

year 1948 hour 6:00 minute AM

21. I hereby certify that I attended the deceased from 9/13 1943 to 1/23 1948

that I last saw her alive on 1/23 1948

and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to arteriosclerosis

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

Major findings: none

Of operations none

Of autopsy none

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? 0

While at work? (Specify type of place) (e) Means of injury h/d

23. Signature Nancy Duvet (M. D. or other) h/d

Address Fulton, Mo. Date signed 1/26/48

77-4-6

District Health Officer No. 9,

RECEIVED

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.....

*Walter J. Haines, Jr.*....., Registered Apprentice No. *82*  
working under my personal supervision.

Signed *Kenil C. Browning*.....

Licensed Embalmer No. *2724*.....

P. O. Address *Fulton 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.