No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 871

FILED FEB 3 1948

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:
(a) County GRUNDY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CULLERS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 HRS. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County GRUNDY
(c) City or town ROUTE #1 BRIMSON, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. N.E. BRIMSON
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHERYL FRANCES BELL LYNCH
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
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 OCTOBER (Month) 30 (Day) 1946 (Year)

8. AGE: Years 1 Months 2 Days 8 If less than one day hr. min.

9. Birthplace TRENTON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation Infant
11. Industry or business
MOTHER FATHER
12. Name NELSON G. LYNCH
13. Birthplace TRENTON (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name BETTY JEAN STEVENS
15. Birthplace GRUNDY Co. (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Nelson Lynch
(b) Address Brimson R. 1
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan 11, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove Cemetery
18. (a) Signature of funeral director Raymond A. Davis
(b) Address Trenton, Missouri
19. (a) 1/10/48 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 8 year 1947 hour minute 2:30 P.M.

21. I hereby certify that I attended the deceased from Jan 8, 1948, to Jan 8, 1948; that I last saw her alive on Jan 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Said to have drunk Kerosene. Probably aspirated Kerosene down trachea causing	about 2 hrs
Due to Oedema of lungs.	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C H Cullers M.D. (M. D. or other)
Address Trenton, Mo. Date signed 1-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 E. Moyer, Registered Apprentice No. 458, working under my personal supervision.

Signed James A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.