S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 18 1948

Registration District No. 3134

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 11166

Registrar's No. 55

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline
(c) City or town: Marshall
(If outside city or town limits, write "RURAL")
(d) Street No.: Appt. # 3, c/ Mo. Valley College
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Michael Odell Lynch
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
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: February (Month) 28th (Day) 1948. (Year)

8. AGE: Years | Months | Days: I | If less than one day ..... hr. ..... min.

9. Birthplace: Marshall (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: —
11. Industry or business: —

MOTHER
12. Name: Julian Dare Lynch
13. Birthplace: Dillstadt (City, town, or county) Missouri (State or foreign country)

FATHER
14. Maiden name: Jane Ann Bardon
15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Julian D. Lynch
(b) Address: Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 29, 1948. (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge Park cemetery
18. (a) Signature of funeral director: Campbell-Lynn
(b) Address: Marshall, Mo.
19. (a) Mar. 4-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28 year 48 hour 4 P.M. minute ..... M.
21. I hereby certify that I attended the deceased from 2/28 19 48 to 2/28 19 48 that I last saw him alive on 2/28 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature (7 months)	
Due to	
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: Arthur D. Lynn (M. D. or other)
Address: Marshall, Mo. Date signed: 3-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 3-17-48

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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.