FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22659

Registration District No. 18

Primary Registration District No. 4157

Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Crawford
(b) City or town: Steelville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: all her life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Crawford
(c) City or town: Steelville, Mo
(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: HALLIE PARKER LYNCH

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: W or

6. (b) Name of husband or wife: Richard C.

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: March (Month) 30 (Day) 1891 (Year)

8. AGE: Years 57 Months 2 Days 25 If less than one day: hr. min.

9. Birthplace: Berryman Mo. (City, town, or county) U (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Wm. J. Parker

13. Birthplace: Crawford Co. Mo (City, town or county) (State or foreign country)

14. Maiden name: Hallie Blount

15. Birthplace: Crawford Co., Mo U (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Troy Magee
(b) Address: Steelville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Steelville Cem

18. (a) Signature of funeral director: L. J. Jones & Son
(b) Address: Steelville, Mo

19. (a) 7-13-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1948 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from July 1, 1947 to June 25, 1948 that I last saw her alive on June 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Uterus	
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: R. L. Parker (M. D. or other)
Address: Steelville Mo Date signed: 7-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-14-48
District Health Officer No. 5,
District File Number 74848
Date Filed 7-14-48

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 C. Jesse Gahr, Registered Apprentice No. ..... working under my personal supervision.

Signed C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address Steelville, 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.