

FILED SEP 13 1948

 FEDERAL BUREAU OF INVESTIGATION
 STANDARD CERTIFICATE OF DEATH

State File No. 26939

Registration District No. 385

Primary Registration District No. 3039

Registrar's No. 187

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Marceline
 (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 47 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME David Boyd Lynn3. (b) If veteran, name war. - 3. (c) Social Security No. -

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Charlotte Snider Lynn 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>23</u>	<u>12</u> hr. <u>0</u> min.

9. Birthplace Brunswick Mo
(City, town, or county) (State or foreign country)10. Usual occupation Retired Coal Miner

11. Industry or business

12. Name Andrew Lynn
 13. Birthplace Cincinnati Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ross
 15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Erceell Lynn(b) Address Marceline Mo17. (a) Burial (b) Date thereof Aug 31 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation int O'live18. (a) Signature of funeral director James M. Maughlin(b) Address Marceline Mo19. (a) Aug 31 48 (b) Mary Jane Owens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
 (c) City or town Marceline
 (If outside city or town limits, write "RURAL")
 (d) Street No. 427 E Santa Fe
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 30
year 1948 hour 3 minute 0 A.M.21. I hereby certify that I attended the deceased from June
1948 to Aug 30, 1948
that I last saw him alive on Aug 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Collapse
Carcinoma of Penis
& metastasis
 Due to
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations
 Of autopsy 5/18
 Underline the cause to 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
 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

23. Signature Robert W. Smith (M.D.)
Address Marceline, Mo Date signed Aug 31 1948

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 8 1952

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marion 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.