

10-47
17-39
3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36714

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4909

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 60 years

3: (a) PRINT FULL NAME Theresa Marie LYNCH

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife John T. Lynch

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 15, 1878
(Month) (Day) (Year)

8. AGE:			Years	Months	Days	If less than one day
70	3	15	hr.	min.		

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER

12. Name Joseph Bayles

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John T. Lynch

(b) Address 2614 Lockridge, K. C., Mo.

17. (a) Burial (b) Date thereof 12-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 12-1-48 (b) Sheraldine Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2614 Lockridge
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 30
year 1948 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 29, 1948 to Nov. 30, 1948
that I last saw her alive on Nov. 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Duration 1 day

Due to _____

Other conditions 83°
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy Cerebral hemorrhage

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? _____

H. R. Lyddon, Jr. (Specify type of place) While at work? (c) Means of injury —

23. Signature [Signature] (M. D. or other)
Address 1027 E 75 Date signed 11-30-48

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

Dr. Lyndon
75th. Trumb
Hi. 8428

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed *Allen G. Heck*

..... Licensed Embalmer No. *4063*

..... P. O. Address. *Kansas City, 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.