No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39111

FILED DEC 8 1948

Registration District No. 940

Primary Registration District No. 6152

Registrar's No. 69

1. PLACE OF DEATH:
(a) County Stoddard Liberty
(b) City or town Dudley, Mo. - Rural
(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 ..... (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard 102
(c) City or town Dudley 8
(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 LEEAN WARD

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

6. (a) ~~Single, widowed, married,~~ divorced ~~Yes or No~~ 3

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Mar. (Month) 12 (Day) 1891 (Year)

8. AGE: Years 57 Months 8 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Clina (City, town, or county) Tenn 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name James A. Lynn
13. Birthplace ✓ (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Mary Gooley
15. Birthplace ✓ (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Vernon Ward
(b) Address Dudley, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director Watkins Funeral Sr.
(b) Address Dexter, Mo.

19. (a) 12-2-48 (Date received local registrar) (b) Velma V. Jankins (Registrar's signature) 409

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1948 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Neuritis and Paralysis	
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) 3
While at work? ..... (e) Means of injury .....

23. Signature Cf Cr one, (~~M. D. or other~~) Cor.
Address Dexter, Mo Date signed 11-25-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1248-1618
Date Filed 12-6-48

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 Walter Marsh Walters, Registered Apprentice No. 255, working under my personal supervision.

Signed Lyman Steele
Licensed Embalmer No. 2476
P. O. Address Dexter 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.