

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**11537**

Do not use this space.

REC'D APR 20 1939

**1. PLACE OF DEATH**

(a) County Maxion Registration District No. 547  
 (b) Township Mason Primary Registration District No. 3029 Registered No. 114  
 (c) City Harrisbal (d) Street No. ST. ELIZABETHS HOSPITAL St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. 130 Mary Ellen Taft City, Mo. Moxto City, Mo. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-27-1863  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
75 6 21  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason County Missouri  
 FATHER 13. NAME William Lynch  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason County Missouri  
 MOTHER 15. MAIDEN NAME WARRIEN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 17. INFORMANT (ADDRESS) Lawrence Taft Harrisbal, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE MT Olivet Cem DATE March-23-1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) James O'Connell Hannibal, Mo.  
 20. FILED Mar 31 1939 W. C. Fisher Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-20-1939

I HEREBY CERTIFY, That I attended deceased from Mar 17, 1939 to Mar 20, 1939

I last saw him alive on Mar 17, 1939. Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

Infarct of  
Belated lobes  
pneumonia  
(pneumococci)  
 Other contributory causes of importance:  
Chronic myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
 (Signed) J. P. Rechner, M. D.

(Address) 1012 Perry Ave Harrisbal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PEANILY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

**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 *Michael J. O'Connell*

Licensed Embalmer No. *3244*

P. O. Address *Hamlet, 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, above space should be left blank.**