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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31576

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 226

1. PLACE OF DEATH
 (a) County Callaway
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 823 Walnut St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
(If outside city or town limits, write "RURAL")
 (d) Street No. 823 Walnut
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME George Lewis Blythe
 3. (b) If veteran, name war _____
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 9
 year 1940 hour 4 minute 20 P.M.

4. Sex Male 5. Color or race Negro
 6. (a) Name of husband or wife Laura
 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased May 14 - 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/31, 1940, to 9/9, 1940
 that I last saw him alive on 8/26, 1940
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death cardio-vascular renal disease Duration +5 yrs.
 Due to arterio-sclerosis

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Janitor

Other conditions chronic hypertrophy of prostate Duration +1 yr.
(Include pregnancy within 3 months of death) chronic bronchitis Duration +5 yrs.
 PHYSICIAN _____

MOTHER FATHER {
 12. Name George Blythe
 13. Birthplace DK. DK.
(City, town, or county) (State or foreign country)
 14. Maiden name DK.
 15. Birthplace DK. DK.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 1/31
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Susie Berry
 (b) Address Fulton, Mo
 17. (a) Burial (b) Date thereof Sept 11-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fulton

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)

18. (a) Signature of funeral director Eli Bell
 (b) Address Fulton, Mo 104
 19. (a) 9/10/40 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature Henry Dunt (M. D. or other) Dr. D.
 Address 610 Cent. Fulton, Mo Date signed 9/10/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....

Licensed Embalmer No. *2130*

P. O. Address..... *Tullahoma 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.