

RECORDED MAR 9 1942
Registration District No. 19299

Primary Registration District No. 1002

Registrar's No. 752

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

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: 112 S. Chelsea /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Years (Specify whether years, months or days)

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. 112 S. Chelsea (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME WILLIAM ALBERT BLYHOLDER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E. 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 30, 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Penn. / (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Amos Blyholder
13. Birthplace Unknown 9 (State or foreign country)
14. Maiden name Eliza Riggs (City, town, or county) (State or foreign country)
15. Birthplace Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. A. Blyholder

(b) Address 112 S. Chelsea

17. (a) Burial (b) Date thereof 2/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.

(b) Address 2825 Indep. Blvd., K. C. Mo.

19. (a) 2/24/42 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1942 hour 4 minute 55 M.

21. I hereby certify that I attended the deceased from Feb 1, 1942 to Feb 21, 1942
that I last saw him alive on Feb 21, 1942 at 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 3 yrs. Duration
Due to age 131 B

Other conditions Chronic Glomerulonephritis 10 yrs
(Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations None
Of autopsy None
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) No.
(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?

23. While at work? No (Specify type of place) (e) Means of injury
Mrs. Casbolt M.D. (Physician)
Address 115 Angyle Blvd. K.C. Mo. 2-2242

322 Ready to

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 *H D Blackman*

Licensed Embalmer No. *3689*

P. O. Address *R. C. No*

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.