

FILED AUG 10 1942

Registration District No.

Primary Registration District No. 4513

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Galena, Mo. rural
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 75 yrs (Specify whether)
In this community about 75 yrs (years, months or days)

3. (a) PRINT FULL NAME

(b) If veteran, name war no (c) Social Security No. no

4. Sex m 5. Color or race w/h 6. (a) Single, widowed, married, divorced - married
6. (b) Name of husband or wife Hattie Blythe 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 10 1867 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Cape Fair Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Abraham Blythe - Sr.
13. Birthplace Mortonsburg Ky (City, town, or county) (State or foreign country)
14. Maiden name Hannah Esquire
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Hattie Blythe

(b) Address Galena, Mo.

17. (a) Burial (b) Date thereof July 23-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galena

18. (a) Signature of funeral director Everett Cheatham

(b) Address Galena, Mo.

19. (a) July 25 42 (b) Nellie Ironby (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone
(c) City or town Galena (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1942 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from July 1 - 18 1942 that I last saw him alive on July 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 days
Due to Arteriosclerosis 10 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none PHYSICIAN 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)
(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?

While at work? (Specify type of place) (c) Means of injury

23. Signature H. L. Ferr (M. D. or other)

Address Crane Mo. Date signed 7-25-42

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

RECEIVED

District Health Officer No. 6,

District File Number 642-1052

Date Filed AUG 7 1942

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

Everett J. Cheatham

Licensed Embalmer No.

3870

P. O. Address

Galena, 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.