V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33457

State File No.

Registration District No. 59

Primary Registration District No. 4099

Registrar's No. 145

19
2
0

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill.Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50.years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) City or town Pleasant Hill .Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

19
2
0

3. (a) PRINT FULL NAME James Thomas Blyholder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced married /

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug. (Month) 24 (Day) 64 (Year)

8. AGE: Years 78 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Amos Blyholder
13. Birthplace ? (City, town, or county) Penn. / (State or foreign country)

MOTHER
14. Maiden name Elizabeth Riggs Ohio /
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Blyholder
(b) Address Pleasant Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/42 (Month) (Day) (Year)
(c) Place: burial or cremation Raymore Mo.

18. (a) Signature of funeral director A. W. Brownfield
(b) Address Pleasant Hill .Mo.

19. (a) Oct. 16, 1942 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1942 hour 4 Oclock minute p M.

21. I hereby certify that I attended the deceased from Oct. 5, 1942 to Oct. 9, 1942
that I last saw him alive on Oct. 7, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio-Sclerosis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature L. V. Murray (M. D. ~~or other~~) 0
Address Pleasant Hill Mo. Date signed 10/10/42

1047

(Licensed Embalmer's Statement on Reverse Side)

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 By me, Registered Apprentice No. _____, working under my personal supervision.

Signed Allen W. Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.