

Registration District No. **126**

Primary Registration District No. **5462**

1. PLACE OF DEATH: **GREENE**

(a) County **Greene**

(b) City or town **Rural Lat. Franklin**
(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 **Lifetime**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Fair Grove R. R. 2**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **America O. Blythe**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug 25 1854**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	3	25	_____ hr. _____ min.

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

10. Usual occupation **House Keeper**

11. Industry or business **House Keeper**

MOTHER FATHER

12. Name **Oliver Dyer**

13. Birthplace **Unknown Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Bays**

15. Birthplace **Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **G. C. Darden**

(b) Address **Fair Grove R. R. 2**

17. (a) **Burial** (b) Date thereof **12-22-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Freewill Chapel**

18. (a) Signature of funeral director **Dunn Funeral Home**

(b) Address **629 W. Walnut Springfield,**

19. (a) **12-25-42** (b) **E. Lara Adams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **20** year **1942** hour **8** minute **35** A.M.

21. I hereby certify that I attended the deceased from **Dec 2** to **Dec 20** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **cg**

Due to **non**

Other conditions **non**
(Include pregnancy within 3 months of death)

Major findings: **non**
Of operations **non**

Of autopsy **non**

Duration

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) (e) Means of injury _____

23. Signature **E. Lara Adams** (M. D. or other)

Address **316 College St** Date signed **12/21/42**

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

39
0
0

39
0

1250

RECEIVED

Greene County Health Office,

County File Number 43-1-5

Date Filed 1-5-43

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.....

Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank Grable Jr.

Licensed Embalmer No.....

4140

P. O. Address.....

Springfield, 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.