

FILED OCT 23 1945
 Registration District No. 151

Primary Registration District No. 5573

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Blue Springs Rural, Sm. Pca.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Sni A Bar TWP 2mi east /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Blue Springs Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 miles East
(If rural, give location) No
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Oliver O. Blythe
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex M 5. Color or race W
 6. (a) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 16th 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 6
 year 1945 hour 6 minute 45 A.M.
 21. I hereby certify that I attended the deceased from 9-17- 1945, to 10-6- 1945;
 that I last saw him alive on 10-6- 1945;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 7 26 _____ hr. _____ min.

Immediate cause of death CHRONIC MYOCARDITIS Duration 10 YRS.
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Winterset Iowa
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired R R Employee
 11. Industry or business _____
 12. Name Benjamin Blythe
 13. Birthplace Penn
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Ansley
 15. Birthplace Penn
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs A.L. Roien
 (b) Address Blue Springs Mo. R.F.D
 17. (a) Burial (b) Date thereof 10-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Cem K.C. Mo
 18. (a) Signature of funeral director Mrs G.B. Webb Son
 (b) Address Blue Springs Mo
 19. (a) Oct 10-45 Miss John Lawson
(Date received local registrar) (Registrar's signature)

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?
 While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature J. E. Abery (M. D. or other) 20
 Address BLUE SPRINGS, MO. Date signed 10-7-45

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.....

R. B. White

Licensed Embalmer No. 2353

P. O. Address Blue Spring 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.